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Original Contributions

HERNIA

H. V. Crook, M. D., Big Pine, California

There is quite a large variety of hernias which may occur by the protrusion of any viscus through the walls of the cavity containing it. In the study of embryology when we consider the manner in which the different parts of the body develop, the fact that hernia does not occur any oftener than it does is truly to be marveled at.

We will not take time to mention all the varieties that are found but will confine our attention to some of the more common ones and a few of the methods of treating them. Ordinarily when hernia is spoken of we think of the inguinal, direct or indirect, femoral or umbilical, which occur at points in the abdominal wall weakened by the passage of vessels and nerves.

Rose and Carless say that incomplete obliteration of the funicular process of the peritoneum is the cause in the majority of cases of oblique inguinal hernia in males, and under twenty-five years of age in the females. Hernia into the canal of Nuck is the most frequent variety met with. Some of the congenital causes are, a. Non-obliteration as above; b. Inherited weakness of the abdominal walls; c. Congenital phimosis causing forced micturition. Acquired causes are, (a) Strains, especially occupational, (b) Constipation, enlarged prostate, strictures, etc., (c) Relaxation of the mesentery allowing the intestines to lie in the hypogastric region is apt to cause the direct form, especially in old people, (d) Obesity is another potent cause in the aged.

It is unnecessary to go into detail as to the construction of the hernial sac, as the actual condition found at the time of

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operation depends on the length of time the condition has been present, also whether there have been any palliative measures taken to relieve it. Any of the abdominal contents, with the possible exception of the pancreas, may be found in the sac, although it is unusual to find any except small intestine or omentum. The vermiform appendix is occasionally found in hernia on the right side, in which case patients usually give a history of repeated attacks of inflammation of the sac and it is usually more painful than the ordinary case, the pain being referred to the umbilical region.

When the bladder is involved in the hernial sac, it constitutes a very serious condition. If it is not recognized at the time of the operation it may be opened and extravasation of urine take place into the peritoneal cavity, resulting in a fatal issue if the condition is not properly relieved by opening up the wound, closing the hole in the wall of the bladder and draining the peritoneal cavity.

Palliative Measures. Trusses of all shapes and various kinds of material are used, as no one kind is applicable in all cases. For infants a skein of yarn is used as a truss in inguinal hernia and if rightly employed it is frequently successful. In adults the usual form is some kind of a pad varying in size and shape to meet the necessary conditions. They give the patient temporary comfort while worn and sometimes effect a cure if applied early and in such a manner as to cause a certain amount of irritation.

Radical Measures. The mortality in properly selected cases under surgical means is given as less than one-half of one per cent. Certain conditions must be taken into consideration in giving a prognosis. The prognosis gradually becomes less favorable as the age of the patient increases, being most favorable at puberty.

There are almost as many operations for hernia as there are surgeons, figuratively speaking, as each one has his own ideas and they endeavor to make it a little different from the other fellow's system. Bassini Method: One of the most common and among the best is Bassini's method in which after division of the tissues and isolation of the sac, the surgeon completes the operation by making a new floor for the canal by drawing the arched fibers of the internal oblique and transversalis muscles or the conjoined tendon down to Poupart's ligament. The spermatic cord is held up out of the way by a loop of gauze or other means while these sutures are being placed. It is to be remembered in placing these sutures that the external iliac vessels are in very close proximity and

may be injured. Macewen Method: In Macewen's method the inguinal canal is explored through the external ring without division of the aponeurosis of the external oblique muscle. The hernial sac is made into a pad and manipulated into position and fastened in such a way as to close the internal ring. Sutures are passed from the conjoined tendon to Poupart's ligament drawing it up in front of the cord. It is obvious that one loses the advantage of opening the canal in using this method. It is also more difficult to perform than Bassini's. Halstead Method: In Halstead's method the cremaster muscle is dissected free and used to help form a floor for the canal and the aponeurosis of the external oblique is overlapped in front of the cord. Excellent results are said to have followed this method.

The treatment of congenital hernia is essentially the same except that it is necessary to close the tunica vaginalis with a suture or ligature. After treatment consists in placing the patient in the recumbent position until sufficient time has elapsed to allow cicatricial tissue to form and after three weeks allowing the patient to gradually resume their usual vocation. Recurrence occurs in less than ten per cent and usually during the first year.

THE "FLU," AND WHAT IT SHOULD TEACH US

Dr. Axel Emil Gibson, Los Angeles, California.

It has been ascertained that the disease called "Spanish Influenza' 'is due to the attack of microscopic organism passing under the alias of "Bacillus Pfeiffer" and whose general characteristics bear earmarks of a physiological scavenger.

Now a scavenger is an entity—feathered or unfeathered—whose business is to save the community from self-poisoning, by removing from its thoroughfares all the things of decay and putrefaction. Thus when a housekeeper sees a flock of scavenger birds hover over her back yard or alley-way, she knows there is some carcass festering in the precincts; and when the intelligent physician finds his patients suffer from the ravages of a swarm of "Bacillus Pfeiffers" or some other nondescript micro-organisms, he knows at once that in the system of this patient must be found substances attractive to the palate of these physiological scavenger hordes.

For it is a universal law that no life can exist without something upon which to live. Hence a system which does not furnish suitable accommodations for these unbidden vulture guests will suffer very little inconvenience from their visit.

And it is the difference in the period and intensity of the attack that indicates the difference in the physiological cleanliness of the attacked individuals.

For it is natural that the more "physiological garbage" in the system, the longer it takes the Influenza microbe to complete his task. In some cases where the deposits of decay are light and quickly removed, the patient may suffer no other inconveniences than a few punches here and there—a thrust in the stomach, a grab by the throat or a smart slap in the face —and the inspection and housecleaning is over; while, on the other hand, where every cell in the system is found to be an overflowing swill barrel, the mass to be removed or burned up calls for such swarms of scavengers that their presence in the organism may so clog up its membranes and passages that the vital processes and circulatory exchanges of the system become impossible. Adding to this the deadly ptomaines arising from the general excretions of the microbic army of occupation, it is readily seen that unless the individual possesses a strong vital reserve force, his existence is thrown into the greatest peril.

Now the great, all-important question arises: What causes a naturally wholesome human organism to turn into a reeking, fermenting heap of putrefaction, fit for nothing but to be feasted on by microbes? As there are only two avenues by which the human being receives support and sustenance, the cause must be found in either of the two: Either in the mind or the body; either in what we think or in what we eat.

Excitement of the mind brings about the same weakening reactions upon the system as intoxications of the body, and give rise to the same degeneracy and loss of vital reserves. Combuseive t'hrills" or corrosive worries; the burning fires of uncontrolled emotions or the fretting acids of a fermenting stomach bring about the same ultimate results: lowering of vital tone and the exposure of the system to any passing nondescript horde of microbes.

It is a strange coincidenec that the most formidable cause to physical breakdown should be found in the indulgence of a function which lies at the very basis of organized life: eating. Misuse of food—its reckless mixtures—has caused more disease than the misuse of drink itself. Gluttony, though its immediate effects may be masked by a strong stomach, is ultimately as fatal to strength and manhood as intemperance in drinks. For gluttony, with its reckless mixtures and excess of food, leads to gastric and intestinal fermentation, and alcohol, whether distilled in a fermenting stomach or indulged in straight from the whiskey bottle, has the same effect upon the

system—the destruction of vital reserves, intended to be used for the preservation of health and strength in old age.

The question of health is contained in the power of resistance to disease, and anything that lessens this resistance lessens our grip on life. An indulgence which, in equal degree to gluttony, impairs our vital powers meets us in the indulgence in the "soft drink," passing as the alcoholic substitute. We fail to realize that most of the coloring and flavoring extracts used in these beverages are taken from coal-tar products whose crude, inorganic, non-vital ingredients are positive aliens to organized life, and by its crude contact creates a shock to the sensitive nerves and membranes of the entire digestive tract. The sweetening of the beverage with saccharine—another mineral substance, and "charging" with carbon—a mere organic ash, irritating to the delicate membranes of the system—turns these temperance beverages into veritable stomach destroyers, sweeping through th digestive tract with the effect of a cyclone sweeping over a farm field.

The habitual indulgence in ice creams and the various "sundae" preparations are equally preposterous to animated life. No living membranes were ever adjusted to sustain the devitalizing frigid touch of the ice cream, rendered still more penetrating to the delicate tissues by the fermentation arising from the effect of the sugar. For in thawing up his ice cream and subduing the fermentation of its sugar and subsequent lactic and fatty acids generated in the process, the individual is using up more vital and nervous energy than needed to beat off all the world's epidemics.

For it is only natural to be well, and no microbe can overcome the impregnable defenses which loyalty to nature and temperance to her products build up around us. In fact, if, in our daily life, we limited our indulgence to the things which nature, under the auspices of an all-wise Providence, through the perenniel fountains of the fruit, the plant and the grain, brings up to us; while barred from the baleful manipulations of the beverage-distillers, the food-manufacturers and the pastry cooks, afflictions such as epidemics, colds, infections, tumors and other symptoms of an outraged and substituted nature would be unknown. Pure air, pure water, pure food and constructive exercise under the guidance of domestic and universal virtues will raise man from his serfdom under drugs and surgery to his own true estate of health, strength, service and unfading joy.

AMERICAN RED CROSS IN JERUSALEM

How American Red Cross physicians engaged in relief work here are accomplishing worth while results in the face of great difficulties—and what they are up against, is shown in a report just received here from W. S. Dodd, A. R. C. doctor working at Mejdel in this section.

With two capable English trained nurses, and three native helpers, more or less useful, Dr. Dodd, his "hospital" housed under tents, performed 252 operations in seven weeks, besides giving medical examinations, treatment and counsel to hundreds of the destitute inhabitants and refugees.

His report says in part: "The work of the hospital was of the plainest sort, it might be called primitive. About twenty-five tents comprised the hospital proper, with a dispensary tent, and tents for the living quarters of the staff.

The soil was all the purest sea-sand with thistles and scant grass; going barefoot was the universal custom, and in our own quarters we of the staff used to follow that custom with great pleasure. * * *

"The professional side of the work was of the greatest interest to me and every day was a pleasure. The clinics numbered sixty to a hundred a day. Of course we had all classes of cases in medicine and general surgery, but by far the larger proportion of our patients were eye-cases.

"Of the 252 operations that I did in less than seven weeks, 222 were for the eyes. This is the number of persons operated on, most of them having more than one operation, perhaps on all four lids, so that I really operated on 408 eyes.

"There were some cataracts, not more than would be seen in the same number of cases elsewhere, but trachoma and its consequences accounts for almost all of the eye troubles in this land. I set out to treat these cases radically and secured fine results when I could keep the patients long enough for a reasonable after-treatment. But even so, the number of eyes that can be saved from partial and total blindness is large and the economic value of each eye thus saved is enough to make the prosecution of this line of work of the greatest importance for the redemption of the land.

"The accident cases are always interesting. I had the last end of treatment of some cases of bombed hands ,of which there had been quite a number in the earlier days. These were largely in children, and were due to their picking up unexploded Turkish bombs that were lying in the fields from the time of the British advance in the Gaza region. Many

fingers and even hands were lost from this cause.

"Vermin was the great enemy we had to fight. Fleas were hardly counted as a problem because we could do nothing against them, they were everywhere and inevitable, and so far as we know at present not being the carriers of any special disease, did not come within the hostility of a medical conscience.

"Lice and maggots were a daily terror. How many wounds and injuries came to us filled with maggots I cannot tell. A favorite dressing for a wound is a piece of raw meat, a breeding place for maggots, and they can hardly be blamed for invading the adjoining premises.

"Many a child had to be put under chloroform in order to search out and pull from their hiding places deep in the middle ear a half dozen wriggling maggots whose every motion was causing torture to the innocent victim.

"A woman came to the clinic complaining of headache. A single sore on her face led to questioning, and when she rather unwillingly undid her turban we found an exaggerated case of impetigo, and every separate sore was as if the whole thickness of the scalp down to the bone had been punched out, and every sore was a nest of maggots. I removed 60 at the first seance, and at the first dressing next day the nurse had more to do. The headache was cured without further treatment. And these are not the most loathsome cases that we saw.

"Another great difficulty with which we had to contend was the filthy habits of the people. In spite of providing proper sanitary facilities, we were compelled to have a scavenger go around every morning and clean up the filth from around the tents of the patients. The women were as bad offenders as the men. We made it a rule that anyone known to have violated these simple sanitary regulations must go without their dinner next day, and this was quite an effective punishment."

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GERMAN MEDICINE

Several years ago the writer went to Europe to do post-graduate work, the particular goal being Berlin—such being the custom of that day. However a short time spent in the wards of the Charité Hospital—the great hospital of that city —convinced us that the abilities of their medical men were very much overrated. The work which we there saw done by their so-called great men was in no sense superior to that done by the average American doctor who makes no pretense to be other than a general practitioner. Furthermore all of the above applies with equal justice to the Alte Krankenhaus, the principal hospital of Vienna. Our gain in both hospitals consisted largely in learning how **not** to do certain operations. All of which we have stated many times before, and it is restated at this time because so many of our Allopathic Medical Societies are passing resolutions condemnatory of all things in the medical world of German origin. Such resolutions as we have noticed in our Exchange hew closely to the line with a lucid statement of facts. The following is said to

have been unanimously adopted by the Cincinnati Academy of Medicine, and is a fair sample:

"Whereas, Included in its unconscionable and secret propaganda, the German nation has made it appear that its achievements in medicine, surgery and the allied sciences are of much greater importance than in truth they are; and,

"Whereas, The German nation has shown its will to use all its prestige, whether rightfully or wrongfully acquired, to gain economic control of the world through military and political supremacy over the world; and,

"Whereas, In pursuit of such supremacy it has disregarded all its solemn promises, covenants and obligations, and has sought to overcome all other nations by the most shocking frightfulness and inhuman cruelties;

"Therefore, Be It Resolved by the Cincinnati Academy of Medicine ,that it disapproves the use of German quotations, or translation of German quotations, in its proceedings; that it will not keep German literature in its archives; that the Cincinnati Academy of Medicine will not admit of anyone of pro-German sentiments to its membership; that it will not permit the presence of portraits of German scientists or medical men or women; that this society will neither purchase nor use anything made in Germany, and that it thoroughly disapproves the attendance of medical students at the educational institutions of Germany."

As an American citizen the reader doubtless will approve of the sentiments expressed in the above set of resolutions; but as an Eclectic physician he may congratulate himself that he will have to mend his ways not at all.

The "fathers' were such strong advocates of the use of native drugs that Eclectic Medicine and American Medicine were established as synonymous terms and have remained so to this day. The writer well remembers that during the la grippe pandemic the Germans introduced, and by extensive advertising forced the use of, various coal tar derivatives. Eclectics everywhere fought the use of these drugs not because they were of German origin, but because we were already provided with native drugs which were more efficacious and not dangerous. Many Eclectics believed that the coal tar series of drugs killed more patients than did la grippe itself. That the use of such drugs is at present considered harmful by our Allopathic friends and little used is well known; and that they are now "putting the ban on" other drugs of similar origin and action indicates that they are learning, though some three decades behind the times. "Here's hoping" that they may continue in well doing.

"THE ODIUM OF ECLECTICISM"

John Uri Lloyd, Phar. M., Cincinnati.

Read at the Meeting of the Ohio State Eclectic Medical Society, Columbus, 1898

My friends, my Eclectic friends, we have been together many years. As I speak, my eyes rest on middle-aged men in the prime of life before whom, in their youth, I stood as teacher. Young men before me are just entering upon their life work. And there are many vacant places, wherein sat comrades of the past who are no longer among us. Together we have studied, aiming to add our mite to the relief of human suffering, in which we believe all sections of the medical profession are mutually concerned. The work we have done is now behind us; down into history it must go; it is not to be recalled; it will stand to our credit or to our shame. Never have I felt any hesitancy concerning our work, its justness towards man and men or its benefit to humanity. Neither have you questioned the cause in which we have engaged. Never have I had reason to regret that my nearest professional friends are Eclectics; and I hope that you have no cause to regret my presence. But, my friends, history is as cold as she is heartless. History has no friendly hand to hold out to you or to me, or to any other man because of personal friendships. Our deeds will be shuffled and assorted after our bodies, our passions, our rivalries, our present cares and concerns have passed away.

This is fact, and facing this fact I have presumed to head this paper that I am reading to an Eclectic Society, "The Odium of Eclecticism."

Are we ready, are we willing to place our work in the hands of the historian? Will history discredit us and write over the page in which we are mentioned the word odium in connection with the work we have done? I have an opinion, perhaps I am prejudiced, perhaps it is audacious for me to speak, but still I have my opinion, and I believe that your life work and my life work have not been lost.

The title of this paper is not of my own creation. I would not have made it so strong. It is in quotation marks. These words were spoken years ago, literally, by a friend who desired to leave our ranks, who did leave our ranks, and who voiced his own mind when he spoke that sentence. They were not, however, reproduced by me to introduce any person. I simply use them as a text. I gave them every consideration

then, and my friend, for he was a personal friend, occupied a position near enough to others and high enough in society to make them merit my earnest consideration. I believe, now, after years of reflection and study, as I did when in the flush of youth, that he erred when he used the term odium in connection with Eclecticism. But, the word was used, and has since been used, and we should not evade an issue. If there be any taint attached to our part of the work of life we should face it now, correct our faults, if possible, and not shove the record with its blemishes into history's hand and let posterity meet it in the day to come. I for one, am willing and ready to hand the record we have made over to history, the judge who sifts, compares and assorts men's actions.

But why should the word odium have been used? Every effect must have a cause; what have we done that this term should be used in connection with ourselves? Let us investigate in a fair way and without prejudice. I have studied over this subject for years, and my conclusions lead me to the belief that passion, rivalry, prejudice, slavery to authority, error in ourselves and others, and the claims of audacious pretenders, led to the use of the expression. But, my friends, there are two sides to every question. We are not guilty of having done a great wrong, neither are we altogether faultless. Let us consider these terms in sequence.

Passion.—Early records show that great passions stirred the breasts of the fathers of Eclecticism. The language used by some of our members concerning other schools was not always elegant. Often it was almost vicious, and I am sorry that it stands on record. But the fact that the antagonists of these early Eclectics used still stronger terms; that oppression in that early day was not an empty word; that Eclectic physicians were then struggling for professional as well as for material existence, is, however, an excuse for much, if not for all they said and did, and I for one, would be willing to let any just committee of the regular school of the present day take the record of both sides and decide as to who was the most passionate. I regret that some harsh things stand in print, but still, honors are easy. It was give and take. If Eclecticism is odious because of unkind words spoken by its members, fifty years ago, the name regular is no less odious, for stronger words were used by them concerning us. My friends, passion was then rampant. I see no cause for history to throw any odium over us and then absolve our energetic rivals.

"Slavery to Authority."—This term surely can not be as directly applied to the early Eclectics as to their regular an-

tagonists. Eclecticism was born as a protest against authority, that came from Europe, and in the opinion of the early Eclectics, this misguided authority bound the minds of the regular profession to many undesirable methods of medication that could not be displaced, except by breaking away from subjection to that authority. It is unnecessary for me to go into details concerning these once conspicuous differences. They are in the hand of history. Neither can any good come to mankind by discussing issues that no longer exist. If the word odium be attached to persons who in those early days opposed the subjects of misguided authority, we must bear the blame that rests upon us; but we certainly have not heired the sins of the men who most directly inherited the term. I see no cause why the term odium should rest on any relpless man who mistakes by reason of the fact that he is the blind subject to authority; and it is well known that no man felt more severely than have I the persecution of authority that in pharmaceutical ethics (from my standpoint) once misled the majority. Authority that I honor still, and grant was looking only to the good of pharmacy, erred, I believe, in its ethical teaching, and I suffered much cricicism in consequence of my heterodoxy. But I must not burden this paper with affairs in which I am chiefly concerned.

,Error is natural. The word error carries with it (to me) no sense of odium. Errors have been made by all schools of medicine, and by individuals in all schools; to be free from error would be to approach divinity. Yes, we have made many mistakes, and we expect to make them hereafter. The making of mistakes and the correcting of them moves mankind upward. Friends, we have, in my opinion, however, made no greater mistakes either of omission or of commission than others have made; neither are our errors comparatively more numerous or of greater magnitude. We do not merit the application of the term odium because of honest error, whether the fault be small or great.

Rivalry is honorable. Among my business rivals I number some of my dearest friends. The time has long since passed when any touch of personal unfriendliness came to me in connection with the term rival, and I see no reason why personal animosity should separate rival physicians. Some of my pharmaceutical friends are less successful in business than myself, but the majority are very much more successful. Nothing is more pleasurable to me than to extend a helping hand through suggestion or advice to those less successful. The prosperity of honorable men who are more successful than I

have been is a matter of congratulation in which I heartily join. I claim the right to take a personal pride in more than one (rival) magnificent pharmaceutical establishment of America, to the greatness of which by being a (small) rival I have indirectly contributed. No man honors an unfair adversary. Rivalry spurs men to self-exertion. Honorable rivalry is an heritage of honorable business.

My friends, Eclectics are in the minority when compared with the number of physicians bearing the name regular. As a minority rival we must consider methods and look well to our principles, and not to comparative numbers. The aim of each branch of the medical profession is to relieve the ills and sufferings of humanity. I speak advisedly when I claim that there should be no other strife between them. There can be no other honorable rivalry between schools of medicine than that of best serving the unfortunate and afflicted, and while our methods of practice and our medicines and pharmacy, in many respects, are very different from those of our regular brethren, the good of mankind is unquestionably the objective of both. Whoever uses the word odium when speaking of our contributions to medical and pharmacal science in behalf of man's welfare, does so either through thoughtlessness or through ignorance.

Ignorance is not in itself a term that necessarily merits any mark of reproach. The whole world is ignorant today of events that will burst into life tomorrow. Ignorance is an odium only in connection with those who do not seek knowledge, or do not strive to be enlightened. It is not wise for man to deny himself the benefit of scholastic education. If as Eclectics we refrain from teaching the axioms that general science has shown to be fact, and send out our young men ignorant of anatomy, chemistry, botany and other science treasures that are necessary to the physician's education, we are to blame, and in that sense the term odious might be applied to us. Many talented men of the regular profession believe we do this. But such a charge is unjust. Ask of the members of the State examining boards who examine our graduates. Ask of physicians who have attended other colleges as well as our own and are competent to answer. Ask men of professional or scientific education who visit us socially and in whose company we are often thrown, who know our ambitions and our works. We are not satisfied with all things that concern the medical education of the present; neither is any other thoughtful man. But I believe that, without exception, just critics will say, that while there is room for im-

provement in all schools, there is no reason why the term odious should be applied directly to us in contradistinction to other schools of medicine. I believe that Eclectic physicians are as well drilled in the general branches of medicine as are those of any other school, and that they are not less qualified concerning the methods and medicines of their rivals, than are these rivals concerning our Eclectic materia medica.

But, my friends, we can not, we must not deny that many men who have borne the name Eclectic have been below this highest educational standard. Do not understand me to desire to excuse or even apologize for such people. In this respect, however, honors are easy. Our friends of the regular school are also sufferers by reason of some incompetent members. I believe that I voice the sentiments of a majority of the representative members of all the medical schools in America, when I say that in my opinion the highest practical demand possible concerning a preliminary education is none too high to be applied uniformly to every man or woman who proposes to enter any American medical college. I believe, also, that I voice the sentiment of every true Eclectic when I say to the powers that be, make the preliminary educational standard as high as our regular friends care to have it, make it uniform the country over, show no favoritism to either the weak or to the strong, and Eclectics will be in harmony. Then, in behalf of humanity and our country's good, compel American medical colleges, all of them, to live up to this standard.

Prejudice is evidence of mental weakness, an indication of one-sided thought. And yet, who of us is not more or less afflicted in this way. Men are frequently prejudiced against men whom they have never seen, and a gifted man is often the subject of prejudice in the eyes of him who lacks understanding. That is, a man gifted in a certain line may be the object of prejudice of the man who has never personally searched that man's field. Celebrated authority, conspicuous men, talented in certain directions, may despise a man alike conscientious and conspicuous in other lines of work. The ignorant man listens to an authority who criticizes, and he may unthinkingly despise a person he has never seen, and may even outdo his leader. I have seen Eclectic physicians who, in my opinion, were very one-sided, owing to their prejudices. And truly, try as I may, I can not altogether exclude prejudice from my own personality. Yet I realize that prejudice is an element of weakness, and of uncharity to my fellowman, and that it frequently exists because of the lack of personal acquaintance. But, while we as Eclectics are not blameless in

this direction, we are not alone in being prejudiced, for I have heard the most heartless remarks made by men unfairly prejudiced against us, by men who were absolutely uninformed as to the nature of our works or our accomplishments. Talented regular physicians, more especially in former years, without any personal knowledge based on fact, considered us as quacks, and too often believed (from prejudice) that we were, all of us, illiterate and ignorant charlatans. The opinion of those men who do not know us other than by hearsay, who judge us only by an acquaintance with some one man who claims to be an Eclectic, but who is a credit neither to himself nor his friends, casts no odium upon us. Such prejudice against us is the result of ignorance or understudy. No longer am I disturbed when, because of my life study among Eclectic remedies, my close friendship and love for my Eclectic co-laborers, or on account of my principles and belief, the term quack or irregular is applied to me by any thoughtless man, gifted though he may be in some directions. Neither am I incensed. Perhaps for their good works in other lines, these unkind, or at least thoughtless men, may merit and may have my highest admiration, and I regret that only through a misunderstanding of my aim and belief, and through their ignorance of the talents of my friends, I can not merit theirs.

Once I heard a young man just out of a rival medical college, call Prof. John King, the genial friend to humanity, the philanthropist and scholar (whom this young man had never seen), "an old quack." Prof. John King needed no defense. The man who read several languages, who wrote standard works on medicine before that young man was born, who sacrificed wealth and conspicuity becaues of his membership in the minority, who studied and taught materia medica for the love of mankind, had made his own defense in deeds which speak to us all now after his voice is stilled. He was not made a quack by the application of the term. But the name of the young man who used the distasteful epithet so flippantly is long since forgotten. I tried hard to recall it in order to make this record more complete, but in vain.

I am not inclined to excuse impoliteness, and I speak in all earnestness when I say that if there be odium of prejudice attached to us as a school, and I do not deny that harsh words have been used by us in prejudice about our powerful rivals, our part is far less than must be borne by them.

The minority is a necessary part of civilized communities. In politics, in State, in all affairs of men the minority serves a wise purpose. The minority is the safety valve of govern-

ment. I do not shrink from the term minority. There is no odium attached to the minority. But many persons are anxious to stand with the strong party, right or wrong. In doing so some physicians may perhaps escape what they believe to be the "Odium of Eclecticism." If our membership in the minority alone be an odium let it stand. The historian of the future, whoever he may be, must cast that stone, for it is fact. It gives me no concern, however, for I have no fear of injustice from the impartial historian of any school of medicine. My friends, I have traveled these thought lines over and have studied the men of the past and of the present. I am satisfied to have my name go down in history as one who has spent his life as a member of the minority in more directions than one; and I believe that as I have shirked no responsibility, I have earned my full share of reproach, if there be any reproach, in the part that you and I have borne as workers in the Eclectic section, the minority school in medicine.

Audacious Prentenders.—Said a conspicuous and talented man in pharmacy, one whose name is known this country over, who in common with a few others had been invited to partake of an evening entertainment with a party of Eclectic physicians, myself being one of the company, "Lloyd, I hear most of Eclectics as traveling advertisers, men who put up at our hotels and advertise as cancer curers, etc." In other words, he might have said as base pretenders. My friends, to be candid with you and candid with myself, this charge is not to be lightly passed. It is the charge that you have met, that I have met, and it demands consideration. Is it true? If true, is it wrong to do these things? I shall not pretend to voice you in the matter. I ask no one to involve himself because of my belief, and I do not ask this to be considered or to be construed as other than a personal view. I firmly believe it to be wrong to advertise to cure incurable diseases, and many physicians so consider typical cancer. But, if cancer can be cured by any man by methods or by remedies unknown to others, his name should become conspicuous, and his discovery should be purchased by the people and made public for humanity's sake. But if no such secret exists, men who advertise to make these cures are surely audacious pretenders.

Admitting that they are not possessed of such a charm (and I have no confidence in any of them), the next point to consider is, are they Eclectics?

Alas, my friends, the liberty of thought that is one of the principles of our school has been abused too often by men who endeavor to make of the name Eclecticism a cloak under which

to hide their misdeeds in order to misstate. No reputable teacher in our school, no conspicuous member of our section in medicine, travels over the land making any such pretense, or even sanctions any such advertising methods. The fact that these traveling pretenders claim to be Eclectics does not give them a place or position in our ranks. Mind you, friends, I would not presume to make a charge against the ethics of a talented physician who having mastered a subject either in surgery or medicine, believes he has the right to travel and practice his specialty; it is not for me to say that he is doing humanity a wrong. I only say that men who hold our diplomts and advertise that they can accomplish what must at present be considered as impossibilities do not do so with the sanction of our school or others. This point I desire to emphasize.

But, in refuting this charge, in which I surely make no error, I do not deny that some men who hold diplomas from Eclectic colleges do this very thing, and, I speak for the regular profession as well as for ourselves, when I say that to their deep regret many regular diplomas also are held aloft by such pretenders. Neither the college of the one nor of the other section, school if you please, can deny this fact and both are alike unfortunate. My experience is to the effect that instead of Eclectics being most conspicuous in this direction, our regular friends have many more graduates engaged in this work than we have. This is natural, for they have a larger membership, and are in this sense the more unfortunate. The odium of the mountebank, the pretender, rests on these men, not on the colleges that taught them legitimate medicine and always opposed such methods. Neither does it fall on the section or school of medicine to which they belong. The rank and file, the teachers and leaders of the schools of medicine in this land are all free from this responsibility. The charge of odium is misplaced when in this respect it is affixed to either others or to ourselves.

There may be other charges made against us, but if any remain they are not important. I have surely considered those which are most conspicuous. In my opinion, the light of investigation, whoever may be the searcher or the historian, will demonstrate, whatever may be the charge, that we are not free from human error, our shortcomings are not more numerous than are those of the members of other schools of medicine.

Some may think that I should consider other phases of this question and speak of the positive work that as a school we have done, the contributions we have made to the world; but,

even though it were proper to do so, neither time nor subject permits it. The negative side is before us. We are restricted by the title of the paper. I have endeavored to make it fair and honorable and to avoid any display of temper.

In closing I must say, that in my opinion a closer acquaintanceship with other schools in medicine will surely lead them to grant as fact all that I have said. Even now the representative men of the regular school seem to agree that we are not altogether bad; and it seems to me that the tendency now is to criticize us for maintaining a separate action in medicine rather than for any positive wrong we are doing, a criticism that may be just from their standpoint, but which I cannot concede to be best for progressive medicine.

It behooves us, my Eclectic friends, to live consistently, to make no extravagant claims, to keep our educational standard as high as is the highest, to encourage investigation, to be charitable towards the opinions of others, avoid dissembling. No odium can be attached to such work. If we move onward, and as we progress contribute our part to the upward steps of science, giving to others and crediting to others what belongs to them,no discredit can fall on our name, our works, or on ourselves.

My friends, I reiterate that I do not intend to subscribe to what I believe to be false ethics in pharmacy simply because authority that carries with it the majority of pharmacists (or once did) accepts it now. Even if I stand alone I shall maintain my principles, and in the future as in the past I shall do that which I believe to be the right, regardless of any personal abuse, or harsh criticism that may follow this stand.

So in Eclecticism I believe that we can do humanity's cause no greater good than to act the gentleman and move onward, treating all men as gentlemen, and to contribute conservatively to scientific and educational literature. If we do this, and due courtesy be not extended to us, the odium rests not on us.

And now, in conclusion, I must ask you to pardon the personal tone of this communication. I feel that my opinion may not agree with that of all who listen to me, but it is farthest from my intention to involve any man in responsibilities that should be assumed by myself alone. It is proper that such a paper as this be written in the first person.

LOOKING BACK

Galileo attacked the Polmemic system of the heavens; and Bacon the dialectics of Aristotle. Obloquy and proscription have ever assailed all great discoveries and apparent innovations. It has ever been one of the most unseemly traits of the human character! Pride and selfishness lie at the bottom of all hostility. Envy and jealousy prompt such antagonism. Progress is opposed by the non-progressives. It presumes that all is known that can be.

Great minds have always seized upon opportunities, and have made them for themselves.

Alexander forced the Pythian priestess on the Tripod, on a forbidden day; and the Pythian exclaimed, "My son, thou art invincible."

It was neither to the witty and polished Greek, nor to the grave and stately Roman, are we indebted for dyes for clothes and metals, but to nations denominated barbarous.

Europe may glory in her discoveries, but the art of printing has been described to persons so obscure, that China claims it. Newton would perhaps never have read the heavens had it not been suggested by some children, in Zealand, playing with the glasses of a spectacle-maker. An obscure monk discovered powder. Had it not been that simple aborigines furnished him with food, Columbus and his followers would have perished, and his expedition proved a failure. It was the fortuitous observation of the colonel of a marching regiment that gave the great Sydenham the idea of bleeding.

To promote health of body and tranquility of mind, the sages of antiquity labored with the most severe and incessant toil. They studied the constitution of man, that they might find out the seat of his maladies and the sources of his misery. To assuage the sorrows of the heart, and lift the load from melancholic minds; to restore a desponding spirit to elasticity and vigor, they exhausted all the powers of reason, and all the arguments and arts of their philosophy. Sometimes they failed, but more often they succeeded. The Greeks were more successful in treating diseased bodies than they were in treating mental ills. Athens was rescued from the plague by a single man—Hippocrates. Harvey was hounded through Europe for demonstrating the circulation of the blood, but he denied there was a thoracic duct. Dr. Rush bewailed the defects of medical science, and consoled himself with the hope that the day would come when all diseases would be banished, and that death would only come to old age. Great men are not always wise.

Plato's philosophy would do for the creed of Christian Scientists! He claimed that "light was the shadow of Deity, and truth his soul." He says the wise and good, as they approximated the source of glory and intelligence were clothed and animated by that heavenly essence which he poured out from the fountain of his eternal being; that into the cup mixed for the formation of man, he poured a portion of his own divinity. Bias, another ancient philosopher, said: "I carry with me all my possessions, of which neither fate, nor foe, nor death, rob me." He considered everything else as nothing. He rivals "Life-for-ever" Jones!

Sanitary science and hygienic laws were famous in the days of Moses, which he learned from the Egyptians. Specialists were known among the Egyptians.

The first time physicians were appointed for the army, was by the great Cyrus; and Sambyses, his son, continued the policy. Ever since, surgeons are provided for the army. Cyrus also kept eminent physicians about his court. The President of the United States also has his personal physician at the White House. Alexander the Great appointed Phillip as his physician. Menecrates, was physician to Seleucus. Democedes was a great Persian physician, and ministered to Darius. There were great and successful physicians in remote times; and, according to history, were remarkably skilled for that early period. They were great, even before their times.

From a vigorous infancy the science of medicine has grown to a stalwart period. It is so today. Some wonderful men were the founders of the science; such as Galen, Sydenham, Celsus, Paracelsus, Cullen, Vareolus, Harvey, Bartholin, Boerhave, and numerous others. All were eminent. Let the present-day physicians emulate their studious and painstaking quest for knowledge.—F. in Charlotte Medical Journal.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

NEWS ITEMS

Dr. H. C. Smith has returned to his home in Glendale after being discharged from the army at Fort Riley.

Dr. B. Ferrall, Bend, Oregon, is in Southern California resting and convalescing from a severe illness.

Dr. U. C. Coe, formerly of Bend, Oregon, after taking postgraduate work in New York, has located in Portland, Oregon.

Died: Dr. O. E. Dahlen, Los Angeles, a former student of the C. E. M. C., but a graduate of Hahnemann Medical College, 1917, died December 10, after a few days illness with influenza. He was 42 years old and is survived by a wife.

Dr. E. R. Petskey has moved from Douglas, Ariz., to Jefferson Hotel, Phoenix, Ariz.

Dr. H. V. Brown has been discharged from the service of the government and has returned to Los Angeles.

Dr. Harriet Mcraw, Lincoln, Neb., has returned to Los Angeles and expects to make this her permanent home.

JOHNSON'S STANDARD FIRST AID MANUAL

Suggestions for Prompt Aid to the Insured in Accidents and Emergencies, edited by Fred B. Kilmer, in collaboration with Eminent Surgeons, First Aid Authorities and Specialists, Illustrated. Eighth edition revised. Cloth 50 cents. Published by Johnson & Johnson, New Brunswick, N. J., U. S. A.

The literature on first aid measures and technic is extensive, but of all the manuals, treatises and handbooks that have been issued, probably there is none that has enjoyed as great popularity as Johnson's Standard First Aid Manual.

Edited by Fred B. Kilmer, with the collaboration of a staff of no less than sixty-five of the foremost surgeons, physicians, and first aid authorities of wide experience in railway, mining, police and ambulance service, this manual was one of the first works to be issued on the subject. It has passed through seven editions, and this, the eighth, which has been thoroughly revised in keeping with the remarkable progress that has been made in every branch of first aid practices, brings the whole subject up to date.

We know of no work on the subject that presents its material in simpler, more comprehensive or more serviceable form. It gives the information the first aid student or first aid worker requires, and gives it so clearly and succinctly, that a minimum of effort is called for to insure its ready comprehension and mastery.

EVERY DAY ACHES AND PAINS

The importance of paying attention to the little things of every-day life is based on sound common sense. Thus the prompt relief of the comparatively slight and inconsequential aches and pains that medical men so often encounter in their daily work not infrequently constitutes therapeutic genius and lasy the foundation of many a physician's professional success. It is the doctor who is able to control and overcome a severe headache, an attack of trifacial neuralgia or the pain of lumbago, to whom the people sooner or later com ewith their big life and death problems.

All of which indicates why K-Y Analgesic should commend itself to the discriminating physician whenever he needs a safe and effective local anodyne. K-Y Analgesic is not offered to the practitioner, however, with any idea that it will take the place of, or make unnecessary, general or systemic treatment.

It is simply a safe and exceedingly useful adjunct that may be relied upon to control and relieve the pain of headache and neuralgia, while other measures are attacking and removing underlying causes.

In other words, K-Y Analgesic is a non-greasy, local anodyne, remarkably effective in its proper field of use, and one that the painstaking medical man will become more and more attached to as he sees and appreciates its efficacy, its cleanly character, and complete freedow from disagreeable or harmful effects.

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Original Contributions

ESCATOL

J. A. Munk, M. D., Los Angeles, California

The younger generation of Eclectic doctors is apt to forget or overlook some splendid therapeutic agents which have served us "old fellows" well; and one of these agents that I now have in mind is Lloyd's Escatol.

It is a soft, white ointment, without color or odor, and is clean and unoffensive in every particular. It is suitable for general use on all parts of the cutaneous surface, and its admirable healing and beautifying qualities, qualify it to be classed as a cosmetic as well as a drug. Although intended only for the medical profession, its excellence demands that it be made available for general use.

The active ingredient of this preparation is chloride of zinc which, in an undiluted state, is a powerful escharotic and used for removing cancer. In the diluted form of Escatol, it becomes a mild caustic and stimulant, for which purposes it is most excellent.

It is made in three different strengths, plain, double and quadruple, and is adapted, in one of its forms, to all kinds of patients needing such treatment. The first preparation is suitable for children and all mild eczematous diseases, the second is preferable for adult use, and the third variety should be used only when a caustic effect is desired.

I have found this ointment curative in all cases of dry eczema, where the skin is thickened and rough with furfuraceaus desquamation. I have not had a chance to test it in moist cases, but believe that it is worthy of a trial in such cases to prove its value.

A blond, or fair skin, is more liable to cutaneous diseases than a brunette or dark skin. The former is more delicate and sensitive than the latter and liable to develop a morbid con-

dition of cell proliferation, which manifests itself in a thickening of the cuticle and scaly eruptions. Such a condition may involve the entire surface, but is ordinarily confined to a restricted area.

Eczema is invariably attended by itching of the skin, which is sometimes so annoying that the patient cannot rest. Scratching may give temporary relief, but in the end it only aggravates the trouble. Escatol has a peculiar smoothing and soothing effect on the skin and is indicated whenever there is pruritus and a scaly roughness of the cuticle. The ointment is best applied on the ends of the fingers and gently rubbed into the skin one or more times a day, or once in every two or three days, as may be deemed necessary near the finish of a disease. If, in a sensitive subject, any tenderness of the skin develops, it should be discontinued until the soreness passes away, when it can be renewed more cautiously; but it is not often that this precaution is necessary.

It also seems to have a blanching effect to whiten the skin, as if, somehow, it influences pigmentation, which helps to improve the complexion when the skin is mottled with dark stains and blotches.

Other diseases in which its curative action is distinctly seen, are ingrowing toe-nail, usually of the big toe, and soft corns between the toes. In the case of an ingrowing nail the ointment, on a bit of absorbent cotton, should be pressed down between the protruding proud flesh and the nail, which causes the inflamed raw tissues to heal and shdink to normal proportions. The soft corn is treated in a similar manner. The part is then dressed with a compress and bandage to prevent the salve rubbing off. Treatment must be renewed from day to day until a cure is effected. This method I have found uniformly successful to the great joy of the patient, as it avoids a surgical operation that is already so much dreaded.

There is a form of pruritus which is neurotic, when there is no other evidence of disease, but where the itching is as great as if it were accompanied by a scaly eruption. Rubbed freely into the skin over the affected part, it relieves the itching by impressing the nerve terminals. In addition it is sometimes necessary to scratch the ointment in with the finger nails, until it hurts, provided they are in a sanitary condition. This brings the Escatol into quicker and closer contact with the nerves and produces more of an effect. The bite of the medicine is preferable to the intolerable itching and gives decided relief. Both the itching and smarting soon disappear, and the patient has rest.

In case the pruritus is orificial, caution must be used in applying the ointment lest its action be too severe. These parts are all tender and easily irritated. Upon the outside skin it produces no discomfort, but here it is apt to cause severe smarting and burning, that can hardly be endured.

It beats all other remedies that I have ever seen used for eczema and dandruff of the scalp. In most of these cases the disease is established before anything is done to eradicate it. In severe cases a part of the scalp becomes thickened into a cushion of porous tissue, like a fungus growth, with incessant itching, falling haid and dandruff. By this treatment the spongy mass is gradually reduced and removed.

I have seen almost life long cases of eczema of both the skin and the scalp cured by the use of Escatol. Only recently I treated a case of a young lady who had spent a small fortune on her scalp without receiving much relief, and no permanent benefit, that was completely cured by three months' treatment with Escatol.

I have never derived any benefit from internal medication in these cases and regard eczema as purely a local disease that can only be cured by local treatment.

Dry eczema cases are usually chronic, and from their persistent character are considered incurable and hopeless; and to be able to cure such a case is recognized as a big feather in the doctor's cap.

TREATMENT OF SPANISH INFLUENZA

Herbert T. Webster, M. D., Oakland, Cal.

I am impressed with the belief that many of the sudden deaths from this disease are uncalled-for if proper treatment is applied early in the disease. Indeed, even when pneumonia is well established, if appropriate remedies are administered and persevered in, most cases, if properly nursed, ought to recover.

I have met with several cases in which pneumonia was well developed, with rusty sputum, severe cough, racking pains and splitting headache with temperature from 103 to 104, in which speedy amelioration and evident progress toward convalescence were established within thre or four days. Of course, intercurrect remedies may be demanded in various cases, but the general treatment has remained the same, and I have lost no case out of several bad ones encountered. I make it a point to begin at once upon this line, whether the case is severe or only slight.

I find that my old favorites in pulmonary affections are little to be relied upon. I have been obliged to adopt entirely new procedures i nthe management of these cases. Aconite, gelsemium, asclepias, inula, bryonia, and other long cherished agents seem entirely useless in this new epidemic. I have abandoned quinine and arseniate of quinia, unless pronounced periodicity is present, and even in these cases it seems often doubtful that they accomplish much good. This epidemic seems to have unbalanced all my old established therapeutic beliefs. A new dispensation has been imperatively demanded. I was fortunate in having met only mild cases in the beginning, thus being enabled to learn of a better way before meeting with disaster.

I have found salicylate of sodium specifically the antidote in the present instance. In another epidemic it may prove entirely unsatisfactory; but now I depend upon it with every confidence. It is the sedative which I rely upon to reduce the temperature and banish other threatening symptoms. Not all preparations of this agent should be trusted. Salicylate of sodium prepared from synthetic salicylic acid should not be trusted. That prepared with wintergreen oil is the only reliable article. The only ones I have used are those from William S. Merrell or P. D. & Co. I have not been able to find any of Lloyds' make, though I should have just as much confidence in it if not more, if it could be obtained here.

In bad cases I push the remedy hard for a day or two. Six grains every two hours during that time are not too much, until its influence is well established. After that the same dose repeated every three hours will suffice. During convalescence three doses per day should be administered to insure against relapse.

If there is pronounced bronchial irritation with hard explosive cough, the third decimal trituration of bichromate of potassiu mwill aid greatly in relieving, and this also acts well to relieve laryngeal and nasal irritation, both of which often complicate matters.

A remedy which I usually prescribe in alternation with the salicylate is echinacea. I depend upon it to insure integrity of pulmonary tissue. The lungs will recuperate well when this agent is relied upon to assist them in resisting gangrenous tendencies. Indeed, it is advisable to rely upon it to promote general systemic vitality, whether the integrity of the lungs is or is not threatened.

The extreme general debility which almost always accompanies this disease calls for a nerve stimulant, and here strychnia comes in well as a supporter and to guard against heart

failure. This much abused remedy here finds a really useful function, and I have formed the practice of ordering from a sixtieth to a fiftieth of a grain three times a day. The persistent chilliness which accompanies most cases finds its antidote in remedy here, and the patient soon finds himself comfortably warm.

This treatment I found so satisfactory that I have not tried Prof. Lloyd's colloidal specific medicine eupatorium, of which I only learned after having established my own method. I do not doubt that this will do all that is claimed for it. The distory of the remedy through many years warrants every confidence in it, and the testimony comes from so reliable a source that I would expect much from it. However, I have been so well satisfied with present results that it does not seem that I now need it in order to succeed with the present epidemic.

In the epidemic of 1889-90, which was a severe one here, but not attended I believe with such mortality as the present one, I became very much attached to asclepias and inula; but in the present epidemic these remedies have been found to be ineffectual. In coming years, when another epidemic strikes us, we may find that an entirely new group of remedies may be demanded. Professor Scudder's idea on epidemic remedies seems to be well borne out in our observations on various epidemics of influenza.

From my observation in numerous fatal cases coming to my notice, and hearsay treatment, I suspect that death has been hastened, in many instances, by the too free use of aspirin. I advise the complete avoidance of this drug in all cases. It is liable to render a mild case dangerous and threatening. Morphine is also objectionable, but not so much, in my opinion, as aspirin. The terrific head pains will yield, in most cases, to a day or two of the free use of rhamnus cal., and this offers no probability of serious after-effect.

SPANISH INFLUENZA

Edward P. Bailey, M. D., N. D., Long Beach, Cal.

What and why is it?

When the physicians disagree, who is to decide? If ever there was a period in the world's history when the false idea of ethics should be consigned to oblivion, it is certainly now. Democracy of thought and the expression of thought, in the interest of suffering humanity, must be respected. Medical vigilance with all its scientific resources has not yet succeeded

in identifying the flu germ. The bacteria found in patients in the present epidemic have been the influenza bacillus associated with four groups of pneumococci. The prevailing disease is not simple influenza as we have hitherto known it.

The initial infecting organism is probably the influenza bacillus, but there are, as stated, a number of other bacteria which are highly pathogenic, and which in the majority of cases are responsible for the course and outcome of the disease. Practically every severe or fatal case has been the result of group infection. This is the sum total of our actual knowledge today as to **what it is,** insofar as science has been able to discover.

Reports show that the young, and those past middle life have been notably free from the disease. The great bulk of those attacked have been between the ages of 18 and 45.

From the universality with which people within certain age limits have been attacked, the number of different bacteria that have been shown to be active, the rapid course of the disease, and its high mortality, it is evident that some unusual condition has rendered that portion of our population between the ages of 18 and 45 peculiarly susceptible to the prevalent organisms.

Medical science depending as it does on the physical demonstration, having failed to answer the world-wide query as to "what' and "why" of the epidemic, we look further as to cause and effect.

I will be bold enough to make this statement, that there has been no epidemic sweep over the country, but what has had a primary as well as a secondary cause, and in nearly all cases the primary cause has been overlooked entirely.

It is interesting as well as pathetic to read from time to time the panicky statements that appear in some of our best—even our scientific magazines and newspapers. For instance, the editorial opinion of 'The Scientific American," New York, November 2nd:

> " . . . which under the heading "A Carelessly Guarded Gate," charges that the laxity of port authorities on our Eastern Coast is responsible for an invasion that has caused more deaths among peaceful citizens than the deadly weapons of the enemy have effected on the front of battle. Instead of establishing a rigid quarantine, the authorities seem to have ignored the infectious character of the disease and placed its victims in the open wards of hospitals, where it quickly spread. This all took place in the land of Gorgas, whose people can tame a fever-infected swamp one day and then calmly take disease to their own bosoms the next! Says the paper above noted:

"There is a growing conviction that the sudden invasion of the United States by that European epidemic known as Spanish influenza, and the speed with which it has spread throughout the country are due to the laxity with which the port authorities along the Atlantic seaboard have carried out their duties. . . .

"If ever there was a period when the quarantine laws for guarding the ports of the United States against the entrance of disease should have been enforced with redoubled vigilance, it was during the summer and autumn of the present year, when it was known that a highly infectious and fatal disease was sweeping through Europe like a scourge of the Middle Ages.

"In view of the imminence and deadly character of the disease, we had every reason to expect that the Federal authorities would set a double guard at our ports of entry, and instruct our quarantine officials to take every possible preventive measure against the landing, not merely of influenza patients, but of every passenger who had been exposed, during the ocean voyage, to infection."

Let us briefly analyze these facts—first, the demand for a quarantine at the gates of America, and compare it with another statement made in "The Daily," Vancouver, B. C., November 4th, as follows:

"Physicians are puzzled over the fact that a lighthouse-keeper and his family at a remote point on Lake Winnipeg were found down with the 'flu' when the tender arrived there last week. They had not come in contact with a human being in months. How was the germ carried to them? Students of the disease are unable to suggest the methods of contagion in this extraordinary case, as it destroys all previous theories of distribution by contact."

This is but one of many such instances. Now, with reference to the mention of "Gorgas,"—and the Panama zone, fever infected swamps, I will ask: Did Gorgas quarantine the swamps? No! he rendered them sanitary; he cleaned up, cleaned out, and kept them clean. He dealt with the secondary cause and effect. Promary causes are the inexorable laws of nature.

All the quarantine laws in Christendom would not have averted the invasion of this epidemic, for instead of the disease coming to the United States, we have by the process of natural law, the revolutions of this world planet, entered the field or zone of secondary cause, and through ignorance of the masses are suffering the full effects thereof.

I will endeavor as simply as possible to explain my theory: No "germ" is pasisng it along. The primary cause is a planetary condition. Planets translate through the solar field, changing the conditions in the sections thereof according to planetary cycles, and each major sign cycle determines the nature of the phenomenon of life during its domination; in plainer words, the major planets are now operative upon the chest and heart signs, particularly so on the respiratory organs, producing a concentration of stimulation to the membranes, resulting in a cold, causing a check in the circulation, and congestion is the natural outcome.

This cellular conflict and disintegration turns cells into parts and produces the phenomena called "germs," microbes," and in some forms of life is called "bacteria," all of which is the disintegration of organized cellular or protoplasmic substance. Under ordinary circumstances we would have been subject to a run of severe grippe, or influenza, but the foregoing conditions have been very greatly accentuated by the atmospheric and meteorological disturbances caused by poisonous gases used on the battlefields, liberating ground-air high in the carbon-dioxide content, through the digging of trenches, gases from decomposing bodies (animal and man) set free by the high explosive shells and blowing up of ammunition dumps, all of which gaseous compound form a highly toxic ferment in the air, a high density gas present in the atmosphere, aspecially at night and when the air is surcharged with moisture, more particularly near the surface of the earth; this when inhaled by persons already carrying an autotoxemic or high condition of acidosis (as most big eaters and careless livers do) becomes a virulent poison.

At the age of 18 to 45 the individual is most virile and ambitious and neglects many laws of nature, so is the one prone to suffer the penalty as the present mortality indicates.

The disease has traveled from East to West, and the natural deduction is that we in due course by the rotations of the world planet pass through the zone of irritation.

We learn from the newspapers and letters from the East that another wave of influenza is now on its way sweeping over Europe for a second or third time, showing that those parts are now in that zone, the fact being that we are sweeping toward it and we might look for another outbreak about January or February.

A wise city will take stock of its previous experience and employ this breathing spell to familiarize itself with the real situation and arm for defense. The cost of life has already been too serious to the nation—indeed to the whole world, to

stand on ceremony with precedent, ethics or bias of sect, or section. So let all work together for the common cause of humanity. I would suggest that Sanitary Health Boards be established, composed of men of business, health and science, and that a business man as chairman be oppointed by the Chamber of Commerce, that the board comprise one physician from each school of healing legolized in the State of California, viz., Allopath, Homeopath, Eclectic, Naturopath, Osteopath and Christian Scientist, with scientific sanitary engineers to carry one their instructions; make this a permanent board, to cope with this and all such epidemics. There is good in each and every system, and combined, will make as complete an armanent as possible.

The Naturopathic physician would advise that the people look to their dressing, eating, drinking and sleeping as a prevention against possibilities; reasonable covering of the body from neck to heel, rational eating of foods, avoiding over-eating and the wrong combinations, so that proper nourishment can be obtained and no excess refuse left clogging the system.

That the organs of excresion be kept normally active.

The drinking freely of pure water; Long Beach water is particularly soft and healthy.

Proper amount of sleep, keeping the body warm during that period, and with plenty of fresh air.

He would advise that at the first indication of colds, chills, congestion of the nose, eyes or throat, aching of the head, back and limbs, the patient be given a thorough sweating in a cabinet, steam bath or hot tub, put to bed and given plenty of ordinary cold water with juice of lemon to drink, given a good saline laxative to clean out the bowel, light diet, and kept warm. There can be no failure if taken in time, before the congestion becomes too general in vital functions. Above all, do not get panicky,—it may be merely a cold.

Should this treatment not clean up the unpleasant symptims, then it will be time to call a physician; should that become necessary, keep your mental poise and follow his instructions exactly; you will be helping yourself as well as him.

The foregoing are but brief suggestions,—the matter is one that should be dealt with quickly and strenuously, and should those in authority not arise to the occasion, and remain apathetic until the last call, they are criminal to their trust, and public spirit should arise and promptly deal with them.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

REGULATING THE "FLU"?

The present pandemic of influenza is a serious matter. So serious in fact that since it became prevolent many communities have had more deaths caused by it than by all other diseases combined. It follows that strenuous efforts are being made by the public health authorities to stamp it out, and we believe these quarantine measures have been endorsed by the majority of the people and supported by nearly all. Nevertheless it is evident that the disease is still with us and it safely may be assumed that it will remain for a long time. Apparently nothing has been attained by our efforts to control it except to flatten the peak of the load. But even so it has been worth while. It is of prime importance that there should be enough well to take care of the sick, and this condition will be lost unless we obey the quarantine and other regulations designed to limit social intercourse. Eventually all of us who are susceptible will have had the disease and then it will fade away for a time. How long a time no one knows, but probably it will recur at intervals of several years.

REMEMBER!

How quickly we forget!

Only yesterday that long range gun opened fire on Paris and we feared the Hun had won. A few hours later the Germans swept through the battered lines with victory at their finger tips.

Then Chateau Thierry leaped to an undying page in history when America raced to meet that roaring tide of death, singing "The Yanks are Coming!" Followed the beginning of the Yank offensive that was to roll on and on to St. Mihiel, the Argonne Forest, Sedan and turn the German flag to white!

Now we're discussing peace. Our troops are coming home. The edge of our enthusiasm is wearing off a little, the hurrahing is dying out all too quickly and business and dollars are getting up steam.

Those tragic days at the Morne are beginning to seem pretty far away. The thrills we had in the war news are becoming a bit hazy. We read an interview with the cocky, pouter-pigeon slayer of Lieutenant Quentin Roosevelt, who wants to come to America and we realize that truly the war is over.

But we must not forget. Let us keep before us the deeds of our men who have put deeper color into the red of the flag, a new brillianst in the starry field and a purer white that betokens a hope for world peace. We must freshen our minds with memories of American service and sacrifice. We dare not forget.

Our service is not ended. Our job is not finished. In the memory of the deeds of the valorous Yanks, subscribing our part of the Victory Loan becomes rather a pleasure than a stern duty and in the meantime let us help hold their victories by holding our Liberty Bonds.

—U. S. Pub. Com.

X-ING A PARAGRAB

During the last few years, physicians have been puzzled as to why, regardless of carrying out every recognized treatment in cases of so-called wandering rheumatism, other patients have not recovered.

All conceded, at this date, there is a focus somewhere from which the trouble comes. Where does it exist?

Throat specialists have shown, that when the tonsils are affected, within which crypts containing pus are found, the same should be removed, as this is one of the leading sources of infection. They are removed and yet, in some, the trouble continues.

Dentists have shown that the cause lies in the pus pockets of sometimes healthy, and sometimes decayed teeth, which feed the system with the streptococcus viridens. None dispute either of these causes, particularly so if he recognizes the fact that rheumatism is due to the invasion of the system by the toxins produced by the streptococcus, or by the streptococcus itself.

Wherein does this confusion exist? Those who have read Edgar Allen Poe's "X-ing a Paragrab" will find a means by which the problem may be solved, as in mathematics X is always used as an unknown quantity.

The tonsils have been removed, in many cases followed by recovery, but others not benefited in the least; all of the teeth have been extracted with the same results. It has been the experience of every physician, but he finds the success of such procedure, has become so transfixed in his mind, that he stops there, and neglects the important factor, there may exist, an antecedent to the cause.

Why does this condition occur in some and not in others? Why, with the removal of the cause, i. e., the focus, one recovers, the other not?

The medical profession is awakening to the importance of the endocrinous system, in counteracting infection of all kinds. It might be possible that in the near future they will learn, that it may be more convenient to the patient, to restore his protective powers against infection rather than remove the parts infected. This can be accomplished only when they discover, just how nature makes one immune to disease and another particularly susceptible. Theory or no theory this fact is bound to be accepted.

Does vaccination prevent smallpox by providing the proper antidote for at least seven years, or does the vaccine so stimulate or stir up the ductless glands that their secretions are brought up to the point of interference for which they were originally intended? Does diptheria antitoxin cure directly or indirectly? If the former, why does it cure some and not others? It may be possible that someone or all of the ductless glands may have become so far degenerated as to be beyond stimulation. Until the exact function of the individual

glands of this most mysterious system becomes thoroughly understood, the above must remain more or less subjudice.

Every organ of the human body is dependent upon some remote point for its local power. The attending physicians should not be too sure that the organ affected is due to a local affection; let him look for the cause and not stop there, but look for the antecedent of the same. When they read "X-ing a Paragrab" it is not very difficult to make it out, when he knows that X equals the letter "O," or that the unknown quantity has been found.

THE ROLE OF FAITH IN CURING DISEASE

Faith as here studied, is that mental quality which when added to the physiologic effects of medicine, lessens the usually required dose of that medicine.

By curing disease, is meant the shortening of the natural course of disease.

For illustration: Faith together with six grains of quinin taken three times a day, cures malaria. Quinin taken in ten grain doses three times a day, but without faith, cures malaria in the same length of time.

Upon the face of it the fact appears to be established that the role of faith in curing malaria has the value of four grains of quinin. So far, the role of faith in curing disease, seems to be fairly easy to map out. But the ease with which the solution of the problem is arrived at in this malaria case, is due to the fact that in the argument, much has been taken for granted. For instance, there are some medicines whose physiological actions are intensified by the simultaneous use of other medicines. Evidently this same biochemical fact is at work in the cure of malaria by faith and quinin. And to be obliged to consider the biochemistry involved, necessarily complicates the discussion.

Roughly speaking, faith is a mental harmone to the activity of quinin against the malarial organism. But that isn't all of it. Biochemistry is complexity itself. The seeming fact in the proposition is, that faith aids the specificity of quinin—that is to say, the biochemic aim of faith and quinin is a far more direct aim at the malarial organism, than is the aim of quinin alone. This aim may also be trough faith's lowering of the resisting power of the organism to the action of quinin. Or again, faith may increase the powers of the antibodies circulating in the blood. Three very very hard biochemical

questions. But this value of faith in curing disease, is worth the cost of looking into faith's physiologic action.

Always, the "Sphynx" riddle of psycho-physiology is to connect up the mental with the physical. Still harder is it here to explain how faith can change the chemical composition of quinin, so that quinin becomes something other than quinin. If the possibility of such change is so great that the thought is ruled out, then of course, faith must act independently of quinin. In which case faith either attacks the organism directly, or through some medium as the internal secretions. As it is absolutely beyond belief that faith can focalize upon the rapidly moving organism itself, it would seem to be demonstrated that faith destroys the malarial organism by influencing to specific action, instinctive systemic life. To prepare the mind for entertaining the thought that faith does thus illuminate instinct, faith must be thought of as having been off guard, when the malarial organism broke through the lines. This seeming difficulty is explained away by recalling the fact that faith is much less made use of in the prevention of disease, than it is in bringing about recovery from disease.

Now, all the foregoing is based upon the proposition that faith added to quinin makes quinin more effective than is quinin alone. Manifestly, the proposition is an absurdity. Also, it is just as plain that the claims of reputed helpfulness of faith in the cure of other diseases, are based upon shady diagnoses, or else upon a lack of knowledge regarding the natural history of disease.—The Charlotte Medical Journal.

COLOR BLINDNESS AMONG U. S. SEAMEN

The importance of differentiating between those who are dangerously color-blind—that is, unable at all times to distinguish between red and green—and those who are only slightly color-blind, is brought out in a recent study conducted by the U. S. Public Health Service and reported in Public Health Bulletin No. 92.

The following classes are regarded as dangerously color-blind and therefore to be excluded from positions in which they would be required to read colored signal lights: (1) those who are able to see but three or less colors in the spectrum, (the normal person sees six or seven); (2) those who see more than three colors in the spectrum, but who have the red end so shortened as to prevent the recognition of a red light at a distance of two miles; and (3) those with a central scotoma (that is, a blind or partially blind arear in the field of vision) for red and green.

It was concluded that this class of persons could be distinguished from those harmlessly color blind by the use of the Edridge-Green color lantern, which was found preferable to colored yarns. The theories on which the color lantern is based are given in detail in the publication.

Another feature of the investigation was the study of the prevalence of color blindness. Excluding those able to distinguish five colors in the spectrum, it was found that color blindness occurs in about 8.6 per cent of men and 2.2 per cent of women. Color blindness of a degree dangerous in occupations requiring the recognition of colored signal lights was found to occur in about 3.1 per cent of men and 0.7 per cent of women. Among refractive conditions of the eye, color blindness occurs least frequently in eyes apparently without demonstrable refractive error; it occurs most frequently in eyes showing mixed astigmatism.

The examinations were made as a part of other studies of the effect of illumination on vision, conducted as a part of an illumination survey of the Federal department buildings in Washington, D. C. One thousand persons were tested with the Edridge-Green lantern to determine both the value of the lantern and the effect, if any, of refractive conditions, lesions, and anomalies of the eye, and also of sex, upon different degrees of color perception.

A special study of the Jennings self-recording worsted test was also made, 50 persons being tested with this and other tests. The results with the Jennings test were found to be too inaccurate for most work, although it was found to be superior to other tests in certain lines of work where great accuracy and the classification of color defects were not essential.

"THINGS ARE NOT ALWAYS WHAT THEY SEEM"

By Alice N. Trask

We have all heard the old saying, that "a woman is as old as she looks and a man as old as he feels." "The Divine Sarah" played to crowded houses with all the nerve of youth when well past sixty, and Eugene Christian tells us that, thanks to correct eating, he feels young at seventy when he felt old at fifty. So, no matter how deaf you really are, you are only as deaf as you seem, for you will not seem deaf if you learn to read the lips, and then you will not feel deaf.

Being a good lip-reader will put you in the class of those who radiate successful accomplishment.

Some time ago a friend paid me a compliment which not only pleased me, but set me to thinking. I had been complaining (as we all do sometimes) of the inconveniences of being deaf; that I could not telephone, etc., and she said, "I know how hard it must be, but you never seem deaf to me. I never think of you as deaf. You are not deaf." In a way she was right, and the secret is this: I do not seem deaf because I do not feel deaf.

The trouble with most deaf people is that they feel deaf to the exclusion of every other feeling or thought. They have acquired the habit of being deaf and of seeming deaf. If they cannot read the lips, of course they have good reason to feel as they do; for, alas, "None are so deaf as those who will not see."

However, there is small excuse now for any deaf person not to be a lip-reader, as there are so many opportunities offered where all may acquire the accomplishment.

I remember how I used to dread even the chance question of a stranger on the street—of seeming deaf. But now, being forearmed, I casually glance at my watch and tell him that it is five minutes of three, or assure him that the florist on the next block is a good one, or that any car on Market street goes directly to the ferry. When he goes out of my life with a word of thanks, without giving me any more thought than he would give to any hearing woman, I am filled with joy. How little he knows of the unceasing effort it has cost to be able to understand his casual questions; that it has been almost necessary to acquire a sixth sense.

The price is small, however, compared with the realization that I have triumphed; that I have more than won my right to be classed as a normal, every-day woman.

After all, it is not merely a question of deafness, but of how we will meet the problem—"Life." We are all more or less deficient—on the wrong side of perfection—and those who achieve success in any path in life are those who are unwilling to submit to imposed conditions, who are not mentally indifferent or morbidly sensitive, but who by patient, persistent effort and force of character overcome obstacles, surmount difficulties, and really make life all the richer and happier through the struggle of overcoming.

So we who are deaf may change our physical handicap into a mental achievement, with the accompanying feeling that we have conquered, not been conquered; that we no longer feel deaf.

THE MEDICAL TREATMENT OF GALL-BLADDER AFFECTIONS

George M. Niles, M. D., Atlanta, Ga.

Among the therapeutic problems frequently perplexing us, few are more trying than certain pathologic conditions affecting the gall-bladder and ducts, and their proper management.

Some surgeons there are who seem to consider practically all disturbances in this location as confined to their domain; who offer no succor, who hold out no encouragement, except through operative procedures, and who apparently make no serious effort apart from radical measures toward the alleviation of these ills.

A year ago in the section on surgery of the Southern Medical Association statistics were presented by Dr. Darrington, showing that in chole-cystotomy 50 per cent were cured, 40 per cent improved and 10 per cent not improved; while in cholecystectomy 70 per cent were cured, 20 per cent improved and 10 per cent not improved. These statistics were not challenged at that time. You will admit that the term "improved" is rather indefinite, and some of these "improved patients" are really far from well. We must also take into consideration those sufferers who are not eligible for surgical relief—those with cardio-renal insufficiency, those with intercurrent affections, rendering them poor surgical risks; those, who for various reasons, will not consent to the use of the knife. These individuals surely have a claim on our attention.

Far be it that I should enter the lists from an academic point of view as a champion of either surgical or non-surgical management of cases involving "gall-bladder pathology." Neither will I make any extravagant claims for the suggestions herein offered. I do contend, however, that those unfortunates who have not been cured by surgery, or who cannot invoke its aid, should not be thrown into the therapeutic discard, nor should the door of hope be shut to their importunities.

A Measure of Relief

Briefly, therefore, I will mention the means which have seemingly yielded a measure of relief in such states, some being original, some not.

Omitting any discussion of pathology, the symptoms of cholangitis and cholecsytitis are much alike, for in most cases of cholecystitis the bile ducts are simultaneously affected. If the acute inflammation is at all extensive, it will cause distress in the region of the gall-bladder, enlargement of this viscus and puffiness of the liver. The patient's discomfort will vary

with the amount of the inflammation and biliary stasis. There may even be intense pains simulating those of gall-stone colic. Should decided joundice make its appearance, that is proof positive of some obstruction in the ducts. There is then presented the clinical picture of anorexia, nausea, sometimes vomiting, frequent eructations, irregular stools, and perhaps some fever. In addition there may be a slow pulse, itching skin and a general sense of ill-being.

Should the infection of the gall-bladder or ducts develop slowly, possibly originating from some ancient exciting cause, the symptoms may be less definite, but none the less disquieting. I see many who complain of digestive manifestations, whose complexions, though sallow are not yellow, and who give no specific history that would point to the gall-bladder or ducts.

Post-Operative Cases

Then there are those post-operative cases who have developed adhesions in the upper right quadrant of the abdomen, with consequent mechanical impediments to the normal functioning of the biliary machinery. These are among the most bitter complainers, though many of them look fairly well.

Symptomatic Treatment

Now for the treatment of the various and sundry symptoms.

For the constipation or irregular stools, the following combination has afforded much relief.

Rx. Fl. ext. sennae, 2½ fl. dr.
Fl. ext. casc. ar., 2½ fl. dr.
Fl. ext. podophylli, 1½ fl. dr.
Sadii et potass. tart., 2½ fl. dr.
Syr. simp. q. s. ad., 2 fl. oz.

Misce. Sig.: One teaspoonful night and morning, as needed.

There is no objection to allowing liberal quantities of Carlsbar or other alkaline mineral waters, as urged by some clinicians, but I feel confident that it is the quantity more than the quality of fluid that counts, and that many of the vaunted mineral waters are in the class with lithia waters—names to conjure with and nothing more. If the patient will slowly drink 12 ounces of hot water on arising, and will imbibe copious drafts of cool water during the day, he will obtain practically as much benefit as if the water had been imported from Carlsbad or some other Hun resort.

Where there is much bloating of the lower intestines, simple s. s. enemas, of not over a quart in volume, can be taken one to three times daily with perfect impunity.

The Gastric Distress

For the gastric flatulence I can recommend the following carminative prescription:

Rx. Spts. lavandulae comp., 2 fl. dr.
Zinci sulphocarb., 15 gr.
Magmae magnesii, 2½ fl. oz.
Aquae, q. s. ad., 4 fl. oz.

Misce. Sig. One teaspoonful after meals, and repeat as needed for gas.

The first ingredient can be varied by the substitution of spirits of anise, spirits of fennel or compound tincture of cardamon, the same quantity, while the other ingredients remain the same.

For the general toxic symptoms, due probably to the lack of normal bile in the intestines, I have employed with satisfaction small doses of hydrargyrum protoiodid (1/10 to 1/3 grain) given three times daily. Occasionally this drug produces intestinal cramps, or griping, so that the dose must be reduced; and in rare instances the teeth may become tender. Were I limited to a single prescription in the treatment of gall-bladder symptoms, the protoiodid would be my choice.

While I have used hexamethylenamin in a number of instances as a "biliary disinfectant," the results have not been satisfactory. With better results have I used the following capsules, of which 2 were given one and a half hours after meals, with a full glass of water:

Rx. Sodium cuccinate,
Sodnum sayicylate, of each, 1½ fl. dr.
Sodium glycocholate,
Sodium taurocholate, of each 45 gr.

Misce. Fiat capsulae No. 60.

Sig.: Two capsules three times daily, an hour and a half after meals, following with a full glass of water.

If the capsules are objectionable, the same ingredients may be dissolved in simple elixir, to which may be added a small amount of either compound spirits of lovender, or caramel.

Vaccines

The polyvalent combined bacterial vaccines are sometimes worth while, but are not always dependable.

Should the gastric secretions be markedly diminished and the duodenum become irritated, thus setting up a diarrhea, pancreatic preparations combined with alkalies are of service. While there are on the market a number of so-called pancreatic preparations, blessed with euphonious names. I have obtained the best results from the liquor pancreatiscus of the National Formulary—a teaspoonful after meals.

In the occasional instances when the normal enzymes are lacking, the diastatic ferments as found in extract of malt may be employed. Diastase, however, should be given with alkalies or during a meal, before any free hydrochloric acid accumulates in the stomach. During any acuthe exacerbation the patient should remain in bed with hot applications to the hepatic region.

External Applications

For the unpleasant itching there may be used ablutions with diluted vinegar, lemon juice, spirit of menthol, or carbolic acid. There also may be dusted on the following powder:

Rx. Pv. camphoris, 1½ dr.
Zinci oxidi ½ oz.
Amyli, 1 oz.
Misce. Sig: Dust lightly over the skin.

The Diet

The diet should be free from irritating constituents, consisting principally of carbohydrates. But little fats should be permitted, and those easily emulsified, as butter and milk. Other neutral fats cannot be cared for in the absence of a normal biliary flow. Neither is it well to allow much meat, for excessive intestinal putrefaction processes may easily develop in the lack of that sanitary officer, the bile, and its co-laborer, the pancreatic juice.

Fruits, minus their rough or woody constituents, are generally advisable. The meals should be small, but frequent, and the general nutrition should be supported as far as possible.

Hydrotherapy

Hydrotherapy, when intelligently administered, is a valuable adjunct. Few are the patients who do not experience some measure of relief from hot applications to the hepatic region or epigastrium. Where institutional facilities are available, so that eliminative baths, salt rubs, heating compresses, fomentations, and other scientific procedures may be brought to bear, it is often surprising to observe how the toxemia clears up, the anorexia and nausea disappear, while the whole physical structure, like a soiled garment brought back from the laundry clean and bright, takes on new animation.

The Quiescent Case

Regarding the actual presence of gall-stones, it is a well-known fact that many individuals harbor them without ever suffering any inconvenience therefrom. While the stones re-

main quiescent in the ducts or bladder, there is not necessarily any pain, though nearly all complain of a sense of fulness or soreness in the hepatic region.

The Acute Case

When, however, the stones wander from the gall-bladder or bile-ducts into the duodenum, there is generally acute pain, more or less paroxysmal in its character, and the sufferer, in no uncertain tones, demands relief. Anodynes and hot applications will ease the colic, hot baths and hot gastric lavages will produce some relaxation of the parts, perhaps facilitating passage of the stone into the duodenum. Lobelia and belladonna, pushed until emesis supervenes, will sometimes markedly mitigate the anguish by slackening the muscular spasm. Let me also recommend this formula:

Rx. Res. podophylli, 3 gr.
Ext. lepandrin, 6 gr.
Menthol, 24 gr.

Misce Fiat, capsulae 12. Sig.: One capsule at bedtime.

This capsule should be followed by several cups of water as hot as can be borne. One of these at night, three or four times a week, will tend to prevent colic and aid in biliary drainage, where there is no absolute mechanical obstruction.

The foregoing suggestions are advanced from a practical standpoint, for they have been employed with satisfaction to me and comfort to my patients, so that, while it is not contended that surgical interference will always be rendered unnecessary, amelioration of uncomfortable, or even urgent, symptoms may be confidently anticipated; moreover, in a not inconsiderable number a decided improvement or even cure will be brought about.——The Medical Council.

LOS ANGELES ECLECTIC MEDICAL SOCIETY

The Los Angeles Eclectic Medical Society held ith first monthly meeting of the year on Monday night, January 6, 1919, at the residence of Dr. J. A. Munk.

Dr. Munk contributed the paper of the evening entitled, "Escatol," a copy of which appears in this issue of the Journal.

Election of officers for the ensuing year resulted in the election of Dr. Munk as president, and the re-election of Dr. John M. Cleaver as vice-president, and Dr. Catherine E. Ohnemuller as secretary and treasurer.

The guest of the evening was Dr. Aisbitt, who was a member of the organization when it was known as the Los Angeles County Eclectic Medical Society. During the course of

the evening the doctor was received into active membership. Captain H. V. Brown and Lieutenant H. C. Smith, both of Glendale, California, and recently returned from service in the U. S. M. C., were present and were greeted by many of the members for the first time since their arrival home. This was the first meeting held since the quarantine of the city due to the influenza epidemic. Many interesting topics were discussed, the evening being most enjoyably spent by all members present.

The society will hold its next meeting February 3, 1919, at the residence of Dr. Munk, 747 South Alvarado Street, Los Angeles.

CATHERINE E. OHNEMULLER, M. D.,
Secretary.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

NEWS ITEMS

Dr. Laura E. Rausch has built a new home and the new address is 1745 East Tenth Street, Long Beach.

Lieut. E. L. Smythe, Bremerton, Washington, spent his New Year's furlough in Los Angeles. His present address is 46th Field Artillery, Camp Kearney, California.

Dr. E. P. Bailey has been appointed physician and surgeon to the Allies War Veterans Brigade of Long Beach.

Dr. L. B. Weatherbee has changed his address to Antioch, Cal.

Dr. Geo. B. Thompson, formerly of Kansas City, Mo., has moved to 325 East Ninth Street, Long Beach.

Dr. E. R. Petskey has changed his address from Douglas, Arizona, to Phoenix, Arizona.

Dr. H. V. Brown will have the same address as before he went into the service, 919 Hollingsworth Bldg., Los Angeles.

"Died: Dr. Carl Murray died at his home in Sacramento, Cal., on December 14th. In the death of Carl Murray, Eclecticism has lost a pillar underneath her arch. She has lost a true friend. We al lhonored him because of his child-like sincerity. He could swear when it was necessary, but underneath it all was a great character, and I and each of you have the sad duty of saying good-bye to one who served well and lived an honorable life. May we all do as well. Sincerely, Albert J. Atkins, M. D."

At the present writing the new income tax law is under discussion, and has not yet been made into a law. As soon as the new law is enacted and the forms prescribed thereunder are available, said forms will be mailed to all individuals of record who filed returns for the year 1917. The Internal Revenue Office will also endeavor to advise the public by means of the press as to the passage of the law and the time and manner of filing returns for the year 1918.

Dr. Catherine M. Ohnemuller has changed her address to 1026 California Bldg., Los Angeles. Dr. Elbl with whom she has been associated was a recent victim of the Influenza.

Dr. Asa E. Fletcher has changed his address from Brock, Nebraska, to 1041 North 33rd St., Omaha, Nebraska

Died: Dr. O. C. Darling, age 63, for twenty years a practicing physician of Riverside, California, died on January 21st at the Loma Linda Sanitarium, where he had been under treatment for several months. A daughter, Mrs. Pauline Zornig of Watertown, Mass., is the only surviving relative. Dr. Darling graduated from the Eclectic Medical College in 1882. He was a prominent and active member of all the Eclectic societies until a few years ago he was forced to retire because of ill health.

Died: George Grant Gere, San Francisco, Eclectic Medical College, 1871. Aged 70 years. Veteran of the Civil War; professor of anatomy from 1881 to 1866, and of surgery from

1886 to 1890 in the California Medical College; former president of the State and vice-president of the National Eclectic Medical Scoiety; visiting surgeon to the San Francisco City and County Hospital, a member of the staff of the Balboa Hospital and supreme surgeon of the Royal Knights of America; died at his home, December 29th, from lobar pneumonia.

Died: A. D. Tilden, graduate of the Eclectic Medical College, Cincinnati, 1873, died at his home in Riverside, California, on January 11, 1919.

Captain W. F. Holman has returned to Los Angeles and will enter private practice again. After receiving his discharge in New York he was joined by Mrs. Holman and they spent several weeks visiting in the East.

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The antigen is not an ordinary vaccine, but a specially prepared antigenic substance, whose use in over two hundred cases warranted Dr. Rosenow in publishing his researches and suggesting that the product be given a more extensive trial.

In order that this antigen may be made available for wider application by physicians who desire to study its effects in private and hospital practice, it has been added to the list of Lilly products and is available in 5 c.c. ampoule vials containing 20 billion partially autolyzed pneumococci to the c.c.

Eli Lilly & Company is listing Pneumococcus Antigen under the biological order number V-903. It is supplied through the drug trade and further information concerning it may be secured through Eli Lilly & Company of Indianapolis.

The California Eclectic Medical Journal

Vol. XL **MARCH, 1919** **No. 1**

Original Contributions

A LITTLE MORE ON DRY DIET

Herbert T. Webster, M. D., Oakland, Cal.

Not so very long ago the writer relieved himself on this subject through articles contributed to Ellingwood's Therapeutist and the California Eclectic Medical Journal. These articles excited considerable interest, and a number of letters have reached me since concerning them. The majority of my correspondents report surprising success. One practitioner in Pittsburgh, Pa., apparently a more than average representative, remarked, in a letter received nearly a year ago, that "results in half a dozen or more cases were little less than miraculous." Two of my correspondents have manifested themselves as a little sore because they undertook its application. They manifestly had lost friends and prestige through it. At this I am not surprised. One who attempts to practice it is up against a wall of prejudice as well as a craving for drink on the patient's part which will sap the courage of one who does not possess a mountain of faith in the efficacy of the method of cure.

The practitioner who attempts this form of practice will face a rocky road, whether it lead to success or not; and there are often certainties of failure, because some conditions of the body in disease interfere with the carying out of its provisions. However, the treatment will perform wonders when the only outlook under ordinary conditions is certain death. No patient who does not realize this and who does not possess a philosophical disposition and an abiding faith in his physician, believing his judgment is better than that of all the world besides, should enter on the treatment; for once begun and abandoned, the treatment receives a black eye, from which recovery is difficult.

1886 to 1890 in the California Medical College; former president of the State and vice-president of the National Eclectic Medical Scoiety; visiting surgeon to the San Francisco City and County Hospital, a member of the staff of the Balboa Hospital and supreme surgeon of the Royal Knights of America; died at his home, December 29th, from lobar pneumonia.

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I predict that it will be a thousand years before dry diet will become a popular form of practice. It requires magnificent self-sacrifice and self-denial on the part of the subject. Christian Science is much more attractive, and requires little self-denial; though, as in the case of the little daughter of an old patron who has become a Scientist, who (daughter) denied very positively, when brought to me with a case of old-fashioned itch (scabies), that there was any itching, they (Scientists) may sometimes be compelled to lie, if they live up to their doctrine.

I am going to give a desultory description of two cases which have interested me, and which have occurred since my last articles were written; it seems as though something might be learned from them. Both were female patients, and both somewhere in their sixties.

The first one had been a patient in time gone, but circumstances of residence had separated us for ten years or more. She had had reverses until she was compelled to struggle for a livelihood, and had devoted herself during that time to a small poultry business, that of raising chickens and selling eggs. A fungus growth appeared at the orifice of the left nostril and began to ooze a watery, bloody discharge. She resorted to a somewhat famous sanitarium in the Napa valley, where a corps of physicians and surgeons undertook to treat all kinds of medical and surgical diseases successfully . She spent several months there, and then visited the place for treatment at regular intervals. After a year, the leading surgeon said that nothing could be done for her. She "had applied too late." At this point she looked me up, for a little comfort, and that was all she expected, for she had been informed that her case was one of cancer.

The left nostril was distended with an angry fungus growth, as large as a small walnut, from which a sanious discharge slowly oozed. Excrutiating pains radiated from the tumor far up into the nostril, into the left eye and into the forehead. She had lost much flesh, and her color was suggestive of cancerous cachexia. She was weak, sleep was broken, and anorexia was pronounced. Naturally, she was ready to give up the battle.

I was about leaving for an extended trip into the mountains, and could not give such a case the attention it demanded, but informed her that probably only one treatment in the world would do her any good, but thought it possible this might cure her if properly applied; but that she must give up work,

go to bed, and have constant attendance, and prepare for a large amount of self-denial if she hoped for any benefit.

I then explained the dry diet idea and described it fully, but told her she could hardly expect to go through such a treatment without professional aid and advice. I saw her again about a month later, and found she had been following directions faithfully, but had been obliged to abandon her chicken ranch and hire a room to hibernate in. She was still without an attendant or nurse. I doubted her ability to make a success of the treatment, but gave her the best advice occurring to me under the circumstances. I left town a few days after this, and did not see her again for probably eighteen months. In the fall, after returning to town, I learned, through someone who knew her that she remained on the diet for six weeks, when she became so weak that some officious friend or well-wisher concluded she was at the point of death and conveyed her to a hospital to breathe her last. I supposed of course she has passed away, but one day while walking on Broadway some one in the passing throng called me by name. I turned, and recognized a neighbor who had accompanied her on her last call at my office.

She hurried up and said, "Have you seen Lottie lately?" "From what I heard some time ago, I supposed Lottie was dead," I replied. "Oh no; she is as well as ever." I learned that when she seemed about to die, and went to the hospital for that purpose, she began to take her meals regularly, the cancer disappeared, and she went home in a few weeks and resumed chicken ranching.

Something less than a year later I met Lottie on the street, looking as rugged as I had ever seen her. The bridge of her nose was flattened as though it had come in contact with a pair of brass knuckles, but her color and flesh, and the snap in her eyes, all betokened pretty good health, and she said she felt as well as she looked. She told me she had taken no medicine nor had any application made to her nose from the time I saw her to that time, so she gave the dry diet credit of curing.

Ordinarily I would have expected three to six months of treatment if not more, to have brought about such a result. It was certainly good luck and not management that brought her through, for I am as certain that her trouble was cancer as I have ever been certain of anything in diagnosis. It is astonishing that six weeks could have wrought such a cure; but while she was at it, she informed me, she pushed the treatment for all it was worth. Doubtless she overdid it, for

she needed a mentor, and did not have one. However, all's well that ends well. I have recently been treating this person for a severe attack of flu, and she has recovered well. She promises to live to be eighty at least, for she comes from long-lived stock.

A more recent occurrence was my experience with another case which did not turn out so favorably. This woman was sister to an elderly lady whose confidence I had won several years before by making a good carpenter of her husband, after he had become a bedridden invalid. This was largely luck, but it made me a good friend, which I am afraid I have now lost, through dry diet. This woman's sister, a widow of a little past sixty, had come from the upper San Joaquin valley to Oakland to remain with her sister while securing medical aid for a growing decline. A prominent Oakland physician undertook the investigation of her case, but after exhausting his best resources instigated a blood examination, and received the diagnosis as pernicious anemia, from the laboratory. He immediately reported a hopeless prognosis, and abandoned the case.

I could offer nothing but dry diet as a possible means of cure, and the patient was eager to have it tried. She entered upon it with enthusiasm, and persevered with spartan pluck for about five weeks. I noted the urine upon each visit, and toward the end observed gluey masses, occasionally, at the bottom of the glass, as large, at times, as a small bean. These were something new to me, but I ascribed them to the breaking down of diseased blood corpuscles. The first thing this treatment does is to break down diseased tissues. But could the kidneys eliminate large quantities of such material from the circulation ? By this time the lemon color had disappeared, the skin was natural in appearance, appetite was improved, and the patient began to get up and around, where before she had been too weak to even sit up in bed. She also slept well nights, while before, insomnia was a troublesome feature. Prospects now seemed encouraging; but I was called one morning urgently, and found the patient suffering excrutiatingly from pain in the right foot. Nothing relieved. Internal agents and local applications failed; even morphia, hypodermically, could not relieve. In a few days the great toe began to darken, and I was confirmed in the fear that an embolism had formed, and was blocking off the circulation to the part. A few days more and the whole foot was black.

I informed the friends that the only hope was amputation, but they were horrified with the idea, and proposed calling

the former attendent. I assented to this, but when he insisted upon the same procedure, they concluded to abandon doctors and let the patient die without any further effort. I did not hear from her for several months; four, at least. One day not long ago I met the brother on the street, and he informed me that his sister was at her home, near Visalia, still alive. It is possible that she may yet recover, if she finally consents to amputation.

There is a lesson in this case. Destruction of large numbers of diseased blood corpuscles within the circulation presents a formidable obstacle. Whether dry diet is justifiable in such cases is a serious question. The case has justified all the claims made for dry diet, but such instances as this leave the practitioner small prospects of credit.

PNEUMONIA-ETIOLOGY AND TREATMENT

M. S. Aisbitt, M. D., Los Angeles

(Read before the Los Angeles Eclectic Medical Society)

Pneumonia is inflammation of the lungs superinduced by an influx of blood into the parenchyma of the organ or organs as the case may be. The disease may be located in one lung or in both lungs, producing slight pain, unless the pleura is involved which would increase the pain by the lungs pressing the inflamed pleura against the wall of the chest. This would come under the term Pleuro-Pneumonia and if the bronchi were implicated it would be Broncho-Pleuro-Pneumonia. This condition would increase the pain over both sides of the chest and the condition would be grave should this complication take place. In addition there would be an increase in the pluse and temperature and a dry hacking cough with rusty, frothy sputum often tinged with blood. This frothy sputum is very characteristic of inflammation of the lungs. Percussion and auscultation will reveal an accurate condition of the heart and the extent of the disease.

Etiology. I am almost afraid to enter into a discussion of pneumonia as there are so many theories advanced pertaining to its cause, nevertheless we have to keep on until we accidentally find a scientific cause for it.

The animal body has never been studied as a chemical structure and until that time comes we will have to struggle along theoretical paths expecting to capture the offender. The prevailing theory, at the present time, is the microbe. I have never been converted to this idea; it is simply a com-

mercial business. Instituted by chemical speculators (a German propaganda) claiming, as they do, preparing drugs from diseased matter will prevent and cure and immunize people from taking special forms of disease. In order to find a scientific principle involved in the cause of pneumonia I will have to take you over the blood steam beginning with the heart. The right side of the heart receives the venous blood from the ascending and descending veins, carries it into the right auricle from there into the right ventricle, from the right ventricle through the pulmonary artery to feed the tissues of the body. Now herein lies the secret of a great many diseases, especially epidemics. Now suppose the blood does not receive enough oxygen in order to oxidize the different elements in the blood, the tissues would fail to be nourished, hence you would expect to have some impairments of health (disease). The blood thus oxidized is returned through the pulmonary veins to the left auricle then into the left ventricle and through the aorta to the remote parts of the body. Now we have three sections of vessels, arteries, veins and capillaries. The temperature of the body in a state of health should be about 98F. Should this temperature be reduced below the normal by a chill or chills which will interrupt the circulation of the blood, it would cause a contraction of the capillaries and reduce the lumen so that it would impede the blood from returning from the arteries to the veins. This empediment would be the primary cause for congestion of the lungs while at the same time the heart is forcing the blood into the lung tissue. When this condition takes place it is transmitted through the medium of the cortical part of the pneumogastric nerve to their nerve centers. These nerve centers secrete an extra amount of material in order to augment the nerve forces which increases the heart's action and elevates the temperature of the body. The spinal accessory nerve reenforces the pneumogastrics and the phrenic nerve in the diaphragm.

Treatment. In treating a case of pneumonia with the above conditions involved we have to select such agents that will counteract and move them back to normal. The first would be to reduce the heart's action, and second to reduce the temperature. I would select aconite. This drug acts specifically on the nerve centers of the pneumogastric nerve. It is an anaesthetic as well as being a sedative. It will reduce the temperature and bring the heart's action to normal. To aid these two propositions I would add belladonna. This drug acts upon the capillaries relaxing their contractions and enlarging the lumen creating a free passage of blood from the congested lung or lungs. In addition to the aconite and bella-

donna add hyoscyamus which will relieve the irritation of the bronchial tubes. If there is much pain in the chest give bryonia and lobelia. Apply warm applications to the lower parts of the body and to the chest. Give plenty of hot drinks in order to get the patient into perspiration. Reduce the heart's action as quick as possible in order to prevent developing into tuberculosis. This treatment for pneumonia in its acute stage has served me sufficiently without a single death. Then why would we break away from it and take up some other method which would be a speculation and an experiment to the patient. To practice the healing art it should be a fact and not a theory.

EXPERIENCES WITH THE "FLU"

Dr. H. Ford Scudder, Los Angeles, Cal.

(Read before the Los Angeles Eclectic Medical Society)

In a conversation with Dr. O. C. Welbourn the first part of October, he mentioned the fact that Dr. Gibson had reported wonderful success in the treatment of cases of influenza with large doses of Lloyd's Gelsemium "Red," using one to two teaspoonfuls to four ounces of water. As I had had no cases up to that time, I resolved to remember it.

A few days later I had my first case. Boy aged 16, temp. 103 3-5 at 2 P. M. Usual symptoms, sudden onset of disease, severe frontal headache, dry hacking cough, pain across lower part of back, etc. The case presented a typical Gelsemium picture, "flushed face, bright eyes, contracted lips, increased heat of head, and general headache." I prescribed Veratrum, gtts. 20, Bryonia gtts. 10, water ounces 4, and added one full teaspoonful of Lloyd's Gelsemium "Red." One teaspoonful of the mixture to be given every hour while the patient was awake. Then directed that one teaspoonful of Epsom Salts or same quantity of Abbott's Saline Laxative be given every four hours until bowels moved four times daily, and that the diet be restricted to hot liquids, all the cold water the patient wanted to drink and a little orange juice occasionally. The next afternoon the temperature had dropped to 100 2-5 and patient feeling decidedly improved. Same prescription repeated except that the Veratrum was reduced to gtts. 10. Next afternoon the temperature was normal 98 3-5 and the patient begging for something to eat. The usual directions were given as to the diet, the necessary rest in bed, time of patient's getting up, etc., and I was out of a job on the third day, due I should say, to Gelsemium "Red."

Now regarding Gelsemium, will say that I have used it off and on for years, always getting perfect results when indicated, but have been very conservative as regards the size of the dose, usually restricting myself to the use of 20 to 30 drops in 4 ounces of water, except in spasmodic troubles when I give 5 drop doses. That was the usual dosage employed about 8 months ago. At that time I had a case of a man aged 40 who had had two previous attacks of cramping of the muscles; the first the muscles of the upper arm, the second of the muscles of the back of the neck. They would knot up in a hard lump. The third attack seemed much worse, patient very nervous, afraid he would be paralyzed, seemingly making terrible struggles to get his breath, pounding his chest, clutching his throat, etc. As I was suspicious of hysteria and didn't care to be the one to suggest the same I called my friend Dr. Roath. I had started out giving 5 drop doses of Gelsemium every 10 minutes followed by a hypo of one-fourth grain morphine with no effect. Dr. Roath suggested it was too bad I hadn't given him apomorphine at first instead of morphine, but that we would give him some Gelsemium hypodermically. After I had seen him load his hypo syringe full of Gelsemium and inject the entire amount I came to the conclusion that it was really "some" Gelsemium for one dose. I learned from the patient the next day that about an hour after the last hypodermic he had relaxed thoroughly and had no more trouble. Needless to say that after informing the wife as to the hysterial side of the equation, there has been no return of her husband's trouble. While this case has nothing to do with the "Flu," I give it as relating to the use of Gelsemium. Also from this case my fear of using large doses of Gelsemium has vanished.

Fyfe in his Materia Medica gives the dose of Specific Gelsemium as 1/10 to 10 drops. Ellingwood in his Therapeutics from 10 drops to 2 drams to water ounces 4, teaspoonful every half hour to two hours, and states as follows: "Gelsemium is a prompt remedy if given in sufficiently active dosage. The excellent results obtained by the older physicians were obtained from full doses. If toxic effects are obtained they are readily observed and antagonized with no harm to the patient. Gelsemium is quickly eliminated from the system, largely through the kidneys, consequently the effects of single doses are quickly dissipated, and the doses must be given frequently to secure good results." In my experience in the recent epidemic I have depended largely on Gelsmium "Red," using either one or one and a half teaspoonfuls to half glass of water, and getting evcellent results. An ordinary teaspoonful

or a full teaspoon will hold from 70 to 90 drops, making the dosage two or three drops. It allays the nervous irritation, and the throbbing headache, relieves the tension, and lowers the temperature. Other remedies used were, veratrum and aconite as sedatives, getting good results especially from Veratrum. Asclepias, in catarrhal affections, pleurisy, and especially as a sedative with children—Bryonia, for pleuritic pains —Rhus Tox fof frontal headache—Lobelia, Ipecac, Veratrum in Broncho-Pneumonia. In all cases showing the least sign of pulmonary complications, I used the cotton jacket; also used Libradol as long as I was able to obtain any. The remedies named above were all specific medicines, not any Aconitine in granules, nor Gelsemium in tablets or tablet combinations. I used the salines as part of the routine treatment, a teaspoonful of Epsom Salts or preferably Abbot's Saline Laxative every thre or four hours until the bowels moved three or four times daily as long as there was any temperature, and the diet was restricted to hot liquids. I have had quite a few cases with marked indications for Baptisia; have used some Macrotys, but not a great amount. I never used Eupatorium Perfoliatum as there was none of the new Colloidal Specific Medicine to be had. I have used Euratorium previously for deep seated pains and aches with splendid results but the medicine made such a nasty mixture that I had about discarded it. The new Colloidal form of Eupatorium though is an elegant preparation and makes a fine mixture. I have been accustomed to use about one dram to four ounces of water, but I notice by the latest literature on the subject that the Collodial form is recommended to be used in much larger doses, half to one ounce to four ounces of water. In its new Colloidal form Eupatorium Perfoliatum is a remedy that demands careful study. While I didn't use any Aspirin during the epidemic, I did use quite a few Migrane Tablets No. 5, Parke Davis & Co., containing Acetanalide 2 grs., Camphor Monobromated half gr., Caffeine one-quarter gr.

In the beginning of the epidemic when my friend Dr. Roath was under the weather for several weeks, I had lots of experience in the Italian colony north of the river. It was there that I saw the real thing. I had as high as nine cases out of a family of ten. Every family averaged three or four cases. As fast as you finished at one place there would be someone waiting at the machine to take you across the street to three or four more cases, etc. They couldn't get nurses if they had had money. Always managed some way to keep one member of the household well long enough to wait on the others. It was a question of salts and soup, glass medicine, orange juice,

and cold water. I remember distinctly in one family with six sick, a little girl named "Rosie," aged 10, did all the nursing, and proved to be a very fine one. Kept the kettle of soup going, passed out the salts, and gave the medicines according to directions. Saw several different kinds of treatment in follow-up cases, where the first doctor had either been taken sick or discharged. One "Medical Osteopath" who was using Lloyd's Libradol as an application to the chest. There was the oiled paper, green color, and familiar odor. Still he told the wife that it was a special preparation called "Indian Mud." He retired to the kitchen, carefully closing the door and prepared the same from his bag of medicines. Another "Medical Osteopath" who had his medical directions written out along with his diet list. His "very successful" medication consisted of three teaspoonfuls of Sweet Spirits of Nitre in half glass of water, teaspoonful hourly for the fever, and about half dozen little white pills given at intervals of two hours to make the patient sweat. Very likely Pilocarpine. However, I consider he was far ahead of a certain Allopath whom I followed up in three cases. This man took no chances, he brought his own Aspirin with him, leaving a box of twelve five-grain tablets with directions that two tablets be given every two hours. He also ridiculed the idea of soup, saying no one could obtain any strength from soup, but "feed him up, feed him up." Another's treatment consisted of deep muscular injection of Quinine every day, and directions to "tempt his appetite." Another case I ran onto about 2:30 one night. Man about 40 years, weight 220, temperature 101. Found the patient as well as the wife scared to death. Doctor had told him that he had pneumonia of the root of both lungs; had his entire chest covered with a green shade hung exactly seven inches from the poultice. The doctor saying that this was the only way to keep an even heat to the lungs. Sleep was out of the question; he did not dare move or he would be out of the seven-inch measurement, and there was that bright light constantly shining in his eyes. To be on the safe side I put on a pneumonia cotton jacket. His lips were thick, his face had a congested appearance, mind dull, and a bluish look to the tongue and mucous membranes. Belladonna and Baptisia together with a little encouragement, getting rid of his load of flaxseed and the green shaded light, etc., soon accomplished a complete change for the better.

I have outlined my treatment in general, not because I think it is anything wonderful, but because I think I have had good results. Of 285 cases I have lost four. I consider that

I merely signed the four death certificates for the other doctors who passed them on to me at the seventh or eighth day when they were too far gone to respond to any sort of treatment. In closing would say that the essentials of treatment of Influenza are:

1. Rest in bed.
2. Hot liquid diet.
3. Plenty of cold water to drink. Acid drinks.
4. An open free bowel, whether from salines, laxatives, oil or enemas.
5. Gelsemium "Red" and Specific Medication all the time.

AN EXPENSE ACCOUNT

Germany is helping pay the expenses of the American Army of Occupation. Already a total of more than three million dollars has been delivered by special trains to General Joe Dickman at Coblenz and other expense accounts will be rendered.

This money and the other millions that Germany will pay do not comprise a loan. They are dead losses. They will bear no interest and will never be returned.

Germany lost the war. If she had won special trains would be running from Seattle, San Diego, Portland, Salt Lake City, Oakland, Los Angeles, Spokane, San Francisco, Phoenix, Reno and scores of other western cities hurrying money and supplies toward big German liners waiting to put out from New York harbor for Hunland.

Your money would go. It would not be a loan. You would receive no interest and you would have no idea of the particular purchases made with your savings. You would "dig" when the Germans said "dig."

And who protected you from this situation? Who determined that Germany and not you should give up saving? Who met the German "schrecklikeit" on land and water and drove home our victory?

Can you say honestly that the war is over when they are not even home, their wounds cured, their compensation paid and the bills contracted for their victory fully met?

When the Victory Loan comes along in April don't sit back and say you've done your part. Compare whatever you have done with the sacrifices made by our sailors and soldiers. If they had quit when they had been in one or two stiff fights you'd be loading up those special trains for Germany and paying the expenses of a German Army of Occupation.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

YOUR PATIENT'S CREDIT

The relationship between a doctor and his patient is a mutual one. The doctor is obligated to use his best skill and the patient is obligated to make a proper remuneration therefor. Should the doctor fail in his obligation he is guilty of mal-practice. Should the patient fail in his obligation the doctor has added another deadbeat to his list—he can do nothing. In the opinion of the writer he has actually done his patient harm because he has confirmed him in his vicious habits. He does not even receive the patient's gratitude, for such men do not appreciate a service that costs them nothing. Furthermore, that this doctor is an "easy mark" is passed on to others of like ilk, and his reputation as such is established. Some of our colleagues have allowed themselves to be put in this class, much to their sorrow, because it means constant financial distress.

In the country a patient has a reputation and the degree of his credit can be easily determined, but in the city it is quite different. However, in these days of war thrift every

man worth considering has bought one or more Liberty Bonds, and he, being a stranger and honest, should deposit these with the doctor as security and thus establish his credit. Should he have previously disposed of his bonds, his credit is poor. He may be honest, but he lacks thrift, otherwise he would have saved his bonds for such an emergency. He belongs in the C. O. D. class. Some doctors, having a paternal heart, are trying to teach their patients to save for that rainy day. It is a worthy cause and to such we commend the War Savings Stamp.

DEATH OF RICHARD E. KUNZE, M. D.

Dr. Richard E. Kunze, aged eighty-three years, died at his home near Phoenix, Ariz., February 7, 1919.

The writer visited him only ten days before he died, and found him very much emaciated and feeble, having failed rapidly in health during the past year. He was practically helpless and had to be lifted back and forth from the chair to his bed. His mind was also somewhat clouded, and he did not recognize his friends when they called to see him; but when he spoke, his high pitched shrill voice sounded as strong as ever.

He lived very plainly and simply and spent much of his time alone during recent years. In his later years he was troubled with an eczematous eruption over his body which annoyed him greatly, and persisted up to the time of his death.

He had not practiced medicine for many years and spent his time on a little farm, growing cactus, which he sent abroad and sold in foreign lands. Nearly all of the cactus growing in European gardens was furnished by him, which occupation supplied him with a modest living. When the overseas war broke out, ocean traffic and the cactus business ceased and seriously curtailed his income. His was no easy life, but a constant struggle with hard work and hardships, that would have discouraged most men; yet he was never disheartened. He was well educated and spoke and wrote several languages. He was interested in natural science and was an esteemed member of several scientific bodies.

He began his professional career in New York City, and is remembered by the older Eclectics as an original investigator of drugs, the discoverer of cactus as a heart remedy, and as a forceful writer.

His health failing, he left New York for Colorado, but after only a short sojourn, went to Phoenix, Ariz., to live among

his beloved cacti. He was very fond of the desert, and spent much time exploring its secrets. In his youth he became an expert horticulturist and never tired of investigating nature. He was credited with making new discoveries in botany and entomology and was a frequent contributor to scientific journals.

Dr. Alexander Wilder, an almost lifelong friend and admirer, wrote his life which appeared in the June number of the American Medical Journal of St. Louis, in 1908.

J. A. MUNK.

LIBERTY LOAN SHARKS

A warning against Liberty Loan sharks and a request for information concerning the operations of Liberty Loan swindlers is contained in a statement just issued by Carter Glass, secretary of the treasury.

Following is the statement:

"My attention has been directed to the activities of unscrupulous persons who have been operating extensively throughout the country and who are swindling the owners of Liberty Bonds by purchasing bonds at prices far below their actual worth.

"These swindlers get the attention of Liberty Bond owners by publishing advertisements calculated to make the unsuspecting bond owner believe that the highest market price can be secured for his bonds through the agency of the advertiser. Such is rarely, if ever, the case. Records of transactions of this character, brought to the attention of the Department of Justice and the Treasury Department, prove conclusively that these swindlers take every advantage of bond owners who are forced into their own clutches by paying the lowest possible price which the owner will accept—and generally far below the actual value of the bonds.

"I regret to observe that many reputable newspapers are being victimized by accepting the advertisements of these swindlers, and I appeal to all newspaper publishers to scrutinize very carefully the character of individuals who use their columns to offer to buy Liberty Bonds. As a newspaper publisher, I believe that it is the duty of publishers to protect their readers against unscrupulous advertisers.

"Other swindlers endeavor to trade worthless articles or securities of little value for Liberty Bonds, and I appeal to patriotic publishers to assist in putting an ends to this practice.

"The Treasury Department will take such steps as are possible under the law to protect the interests of holders of Liberty Bonds, and will use every means at its command to bring to justice all who seek to defraud the people who have so patriotically assisted in winning the war by investing their savings in Liberty Bonds and War Savings Stamps.

"Owners of Liberty Bonds and War Savings Stamps should in no circumstances part with these securities unless necessity compels, and then they should deal only with reliable banks, trust companies, banking institutions and others whose reputation for integrity is beyond question. If it is necessary to sell Liberty Bonds the highest market value should be received.

"The Treasury Department will welcome information concerning the operations of these swindlers in any part of the country."

CARTER GLASS,
Secretary of the Treasury.

SOME CLINICAL EXPERIENCE WITH INDICANURIA

Clifford Mitchell, M. D.

What is indicanuria? What does it signify, and how should we treat it? These questions are of some importance to those of us who deal with obscure chronic conditions, and it is the object of this paper to contribute a mite of information obtained by the writer after experience of many years in urine testing.

Chemically speaking, there is no such thing as indican in the urine, since indican is a product of vegetable origin, a glucoside, which is not found in urine at all. But the term indicanuria has been adopted by clinicians to describe a condition in which we find a marked blue color produced in certain urines by addition of certain chemicals. Normal urine, as is well known, contains certain aromatic substances in small quantities, among which are the so-called ethereal sulphates (conjugate sulphates), combinations of sulphuric acid with oxidation products of indol and skatol, and also with paracresol. phenol, etc. Indol, C_8H_7N, formed in the large intestine as the result of the putrefaction of proteins, is absorbed, becomes oxidized in the blood to indoxyl, C_8H_7NO, and appears in the urine as a conjugated sulpho-acid salt of potassium, $C_8H_7NO.KSO_3$.

In the tests for "indican" the indoxyl sulphate is further oxidized by the chemicals used into indigo-blue, hence the

blue color obtained. Now, in my hands this same reaction has been found to be elusive and unsatisfactory in that it has at times been faint or absent in cases where intestinal indigestion was plainly present. Just why this difficulty has been encountered has been the object of considerable investigation, and I have finally arrived at the following conclusions: In the first place, there are probably different stages in the oxidation of indoxyl to indigo blue, and under certain circumstances of oxidation the blue may not be obtained at all, but replaced by certain tints of red. We insist, however, upon the production of a blue color in our clinical tests, and this paper deals wholly with the ways and means necessary for obtaining the blue. Again we use hydrochloric acid in all the indican tests. This acid, as it now occurs in the concentrated form in commerce, is a solution of hydrochloric acid gas in water, having a specific gravity of 1.19. Now, in the year 1882 the acid of the German pharmacopœa had a specific gravity of only 1.16. In other words, the concentrated acid we now use contains much more gas in solution than the pharmacopœa acid of Germany in the days of Jaffe and others. Further, in connection with the test it is customary to use, in addition to the hydrochloric acid, some oxidizing substance, as, for example, one setting chlorine free. But it has been remarked by observers, as e. g. by Ogden, that this oxidizing substance is not always needed when the hydrochloric acid contains an excess of gas, as the modern concentrated acid frequently does. True it is that the oxidizing substance is frequently not needed, but in my experience it is apparently due more to the proportions used than to excess of gas in the acid.

However, to be concrete, let me narrate my experience as follows: Years ago I began to test for indican in urine, using the Jaffe test as modified by Stokvis. This test is performed as follows: To ten cubic centimeters of urine are added ten of hydrochloric acid and a drop or two of a solution made by dissolving in water the ordinary household disinfectant, "chloride of lime" so-called. The mixture is immediately shaken or stirred and the presence of indican demonstrated by the production of a blue color. On further adding two cubic centimeters of chloroform and shaking vigorously the indigo blue is extracted by the chloroform, the latter settling to the bottom of the glass and the relative amount of indican can be guessed at by the hue of the chloroform. I used this test for many years, contentedly enough and without questioning its reliability. One day, however, a patient came into

the office, plainly suffering from intestinal indigestion, and on testing his urine for indican I was disappointed in not obtaining a marked reaction. This set me to thinking, and I decided to repeat the test on the same urine, but to vary the proportion of urine and acid. So, first, I tried five parts urine to ten acid, and to my surprise immediately obtained a marked blue color. Being then convinced of the superiority of my new proportions I discarded the proportions of Jaffe and adhered to my own figures for many years. By the use of these new proportions I obtained many brilliant indican reactions and saw no reason for going back to the original method of Joffe until this winter (1909), when the following "unexpected" happened: In testing the urine of a diabetic who was an enormous meat eater, I found with my own acid used with my own proportions a brilliant indican reaction. But when I took this same urine to Hahnemann college for demonstration, and used the college acid the experiment failed, and not one of the students could obtain the reaction. We then changed the proportions of the urine and acid to ten each and the reaction was at once obtained with intensity. Taking the sample back to my office and testing it with my own acid no reaction was obtained with the proportions of ten urine and ten acid. But with five urine and ten acid the reaction at once occurred as before. In other words, using the same urine with different samples of hydrochloric acid the reaction was obtainable in the one case only with five urine and ten acid, and in the other only with ten urine and ten acid. I next tested 50 different samples of urine with hydrochloric acid in my office, using with all the proportions of five urine to ten acid. A surprising number of negative results were obtained, only eight being positive, and of these only five intense. But on selecting 13 of the negative urines and testing them over again in the proportion of ten urine to ten acid brilliant reactions were obtained in seven.

Furthermore, in the case of a sample of urine, sent to my office by a physician who said that he had found indican, testing in the proportion of five urine to ten acid no reaction could be obtained, but on trying it with ten urine and ten acid on intense color was produced. I then tried all the tests for indican I could find in the books on this particular sample of urine, and found those requiring the use of nitric acid more or less unsatisfactory so far as this sample was concerned. The tests which gave the most marked blue color were the Jaffe, Stokvis, and the test of Obermayer. Continuing to

experiment with other samples I finally found it desirable to use four tests on each sample. These four are, first, the Jaffe test with the original proportions; second, with my own variation of these proportions; third, Porter's test, and fourth, Obermayer's test. Porter's test for indican is as follows: To ten c. c. of urine add a like volume of concentrated hydrochloric acid, then three drops of a one-half of one per cent. solution of potassium permanganate, then a few drops of chloroform, then a drop or two more of permanganate, and finally chloroform again, in all enough to make five c. c., and shake the whole vigorously for a few seconds. Obermayer's test is as follows. The urine is precipitated with a twenty per cent solution of acetate of lead, in proportion two c. c. of the lead solution to ten of urine. The mixture is filtered, and to the clear, filtrate is added an equal volume of Obermayer's liquid, viz.: a solution containing two grammes of ferric chloride to a liter of concentrated hydrochloric acid. Two cubic centimeters of chloroform are added and the mixture slowly shaken. A clear rich blue is obtained when indican is in excess.

The following ten cases will serve to illustrate the value of using more than one test for indican. In describing what happens I use the term negative in cases where no color is noticed in the chloroform on settling until some minutes have elapsed, positive when the chloroform is almost immediately colored a marked blue.

Case 1. Normal urine of a man two hours after a hearty lunch on a mixed diet including red meat: all tests negative; a faint color with Obermayer only.

Case 2. Medical student who has not eaten meat in two days: all tests negative or faint.

Case 3. Twenty-four hours' urine of a man suffering from indigestion: all four tests strongly positive, except in the Mitchell-Jaffe proportion.

Case 4. Twenty-four hours' urine of a man on a diabetic diet, who for years has had irregular bowel action: only one test marked, namely the Stokvis-Jaffe.

Case 5. Twenty-four hours' urine of a man complaining of great debility, dizziness, and depression of spirits: urine negative as regards albumin, sugar, and casts; all four tests for indican strongly positive; Obermayer's least marked.

Case 6. Twenty-four hours' urine of a man with presumably chronic interstitial nephritis: no marked reactions, but the Stokvis-Jaffe test is moderately plain, as also the Obermayer.

Case 7. Twenty-four hours' urine in a long standing diabetic case with five per cent. of sugar in the urine: brilliant reaction with the Stokvis-Jaffe; moderate with Porter and Obermayer; faint with the Mitchell-Jaffe proportion.

Case 8. Twenty-four hours' urine of a diabetic of long standing with three per cent. sugar: all four tests negative. (This suggests inquiry as to his diet.)

Case 9. Twenty-four hours' urine of a young girl with chronic so-called parenchymatous nephritis, not eating meat at all: all four tests negative.

Case 10. Twenty-four hours' urine of a man plainly suffering from intensinal indigestion before and after administration of intestinal disinfectants: first analysis (before taking the sulphocarbolates, etc.), all four tests show more or less color, marked with three, moderate with the Mitchell-Jaffe; second analysis (after beginning treatment), moderate reaction with the Stokvis-Jaffe, negative, or faint with the others; third analysis, marked reaction with the Stokvis-Jaffe, moderate with Obermayer, slight with Porter, negative with the Mitchell-Jaffe; fourth analysis, all faint or negative except the Stokvis-Jaffe, which is only fairly marked.

From the above it will be seen that marked reaction occurred six times with the Stokvis-Jaffe test; three times with the Porter and the Obermayer each, and only once with the Mitchell-Jaffe. But it might happen that in the case of another sample of hydrochloric acid these figures would be different. Hence, it seems advisable to use a number of tests to meet the contingencies arising from variations either in the stages of oxidation of indoxyl or in the constitution of the chemicals.

It would appear from investigations so far pursued that if all four tests are positive there is no doubt about the excess of indican. If all tests are marked except either the Mitchell-Jaffe or the Stokvis-Joffe indican is excessive, and the acid used is the cause of the failure to obtain the color except in certain proportions.

If either the Mitchell-Jaffe only or the Stokvis-Jaffe only is marked, while the Porter and Obermayer are negative, the condition is likely to be lessening in severity on the one hand or not of paramount importance on the other.

If all four tests are negative, there is certainly no excess of indican, provided also no bright red tints are obtained, especially with the Mitchell-Jaffe proportions. [This statement lacks confirmation at my hands, since so far such a combination has not been found.]

Acetate of lead may be used in all the tests to rid the urine of interfering substances, but thus far I have used it only in connection with the Obermayer test, which, however, has not given as many marked reactions as the Jaffe tests without any preliminary treatment with the acetate.

It must not be forgotten that indoxyl sulphate is a normal constituent or urine, and that all these four tests will produce a small amount of blue which can be extracted by chloroform, but unless the blue color is immediately extracted in marked quantity the condition is not worth considering. It is advisable to try the tests on normal urine until the eye becomes familiar with the shades of color. According to von Noorden no attention at all should be paid to anything but intense blue shades.

The second question, what is the significance of indicanuria, may be in general answered as follows: Indicanuria is either due to the hearty eating of red meats, to intestinal indigestion, or to putrid pus absorption. When, therefore, from our tests as described above we conclude that an excessive percentage of indican is present, the diet of the person must be investigated, and, after removing red meats, the urine is to be tested again. If the urine of a diabetic supposedly on a diet rich in red meats shows absence of a marked reaction, inquiry should be made as to whether he is adhering to his diet, especially if at the same time sugar is present in quantity more than one per cent. in the 24 hours.

It is my experience thus far that a diet rich in the red meats does not lead to the production of intense reactions with all four tests. If further experience verifies this observation, then a point is gained in that a four-test indicanuria may be regarded as pathological. Supposing now that the red meats are eliminated from the dietary and still the marked indicanuria is observed, is the condition one of intestinal indigestion or of "pus somewhere?" In answer to this question it may be affirmed with tolerable certainty that if the administration of intestinal disinfectants makes the four tests irregular when previously all four have been positive, and if those now more or less positive are not so marked as they were before the remedies were taken, then the condition is one of intestinal indigestion, and, if the general condition of the patient improves to a marked degree, then the intestinal condition is the primary one, but if not, the intestinal condition is secondary.

If, however, the administration of intestinal disinfectants is not attended by a diminution of the intensity of the reactions,

provided a thorough trial of different therapeutic agents is made, the conclusion is that absorption of putrid pus is somewhere taking place. The remedial agents more commonly employed are the sulphorcarbolates, naphthol, bismuth, and certain special products of proprietary origin. While it is possible that these agents may not entirely remove the indican reaction a persistence of intense reactions with all four tests should be regarded with suspicion, when the patient is under intelligent treatment, and suggests thorough search for the locality where putrid pus absorption may be taking place.

The use of the four tests described above becomes of some importance with reference to surgical cases, and the writer suggests that hospital internes be required to make all four instead of one in cases where operation is contemplated. It is likely on account of the elusive character of the reaction that negative results have often been reported when positive ones could have been obtained by varying the proportions. Further study may show the advisability of varying the proportions. Further study may show the advisability of varying the proportions of urine and acid in cases where the Porter and Obermayer tests are apparently negative. In conclusion, let it be said that I have not attempted in this paper to prove anything beyond controversy, but merely to direct attention to the precautions necessary to betaken before reporting indican negative in a given sample of urine.—The Clinique.

SHOCK IN ITS RELATION TO ANESTHESIA

Emory Lanphear, M. D., St. Louis, Mo.

Much of that which we have been pleased to call "shock" in the past is now recognized as supersaturation with ether or chloroform in some cases, but more particularly poisoning from retained carbon dioxide in most—either alone or with too much anesthetic vapor. This is particularly demonstrated by the effects of hyoscine-morphine anesthesia (used hypodermatically) shock, except that due to profound loss of blood, has been practically eliminated from the work of those who use this method.

The terms "surgical syncope," surgical "shock" and "collapse" have been used rather vaguely and indefinitely by authors in the past. Recent investigations show that three different conditions are included under the term

Shock

(1) Circulatory shock, (2) respiratory shock, (3) nervous shock; to which may well be added (4) composite shock—a mixture of two or all three of the preceding.

1. Circulatory Shock. Syncope may be due to so great loss of blood as to render the brain profoundly anemic; in which case death may occur before the patient can be revived (as in great hemorrhage in trauma, or by serious, continued loss of blood during operative work). Or it may depend upon vaso-motor disturbances of such degree as to temporarily menace life, caused by the character of injurq or surgical procedure; belonging, therefore, to the group of "nervous shock," although the immediate symptoms are caused by cerebral anemia.

Circulatory shock, as seen upon the operating table, is about as follows: The patient has been doing well, apparently, in spite of perhaps enormous loss of blood; suddenly there is marked pallor of face and lips, a feeble or imperceptible pulse, cold and sometimes clammy extremities, dilatation of pupils, shallow respiration—general collapse. Here the trouble is not weakness of the cardiac muscle(hence strychnine in circulatory shock is worse than useless), but insufficiency of blood in the heart chambers there is not enough blood to permit the requisite to be sent to the brain. Unless something can be done to quickly restore cerebral circulation death from acute anemia of the brain will follow.

It is in this class of cases that greatest benefit is to be derived from hypodermoclysis, or in condition of great peril from intravenous injection of normal salt solution or even transfusion. As a matter of fact, injection of salt solution for shock is strictly indicated only in this class of cases; hypodermoclysis as well as hypodermatic injection of strychnine being greatly overdone—used injudiciously, if not harmfully—in every part of the world. Preceding hypodermoclysis the head of the table should be lowered and in extremely bad cases the legs bandaged in order to throw as much blood into the brain as possible; and after return of the patient to bed the foot of the bed must be kept elevated until good circulation is restored.

The same kind of syncope sometimes occurs by sudden change of posture, as when a patient in full anesthesia is raised to the sitting position for adjustment of dressings; but is then purely transitory. Of much more serious character is the "shock" which sometimes follows removal of a huge intra-abdominal growth (typically in tumors of the kidney, or other retroperitoneal tumors), which owes its origin to wide dilata-

tion of the splanchnic area, because we do not now possess any agent which can completely and quickly drive the blood from the huge vessels of the abdomen into the brain and skin. Here atropine and glonoin are the indicated drugs, and instant application of heat to the extremities is the next best thing. Lowering the head is also indicated—the exaggerated Trendelenberg position being advisable for some time, with only gradual restoration to the horizontal.

2. Respiratory Shock. The syncope of asphyxia, the supersaturation of the patient with an inhalant anesthetic, the "shock" which often comes on unexpectedly because there has been no great loss of blood, presents much the same symptoms as the circulatory variety, the cyanosis giving way to pallor with dilated pupils and shallow or absent respiration; but the pulse is generally good and in some cases even full and bounding. For here the right heart is embarrassed by distension and labors energetically, tumultuously, to force the blood into the lungs for oxygenation—this continuing until the heart muscle becomes poisoned with asphyxial blood. Most deaths, on the table, from chloroform occur in this way, although it is true, as said by Hewitt, that "there is good evidence that when certain anesthetics are administered in large doses the heart muscle may be suddenly paralyzed, but it is highly probable that when anesthetics are thus administrated other important factors capable of bringing about circulatory failure come into play."

Based upon the two statements just made, two rules should be formulated and well fixed in the mind of every anesthetist: (1) The administration of any anesthetic should be begun with extreme care, slowly, with close observation of its effect on pulse, but after anesthesia is well under way the pulse is of only minor import. (2) After the patient is anesthetized the respiration must be the chief guide to safety—any tendency to failure of respiratory effort and particularly any indication to cyanosis must be regarded as a signal of danger and immediately remedied. To wait until there is total abolition of respiration, necessitating cessation of operative procedures and resort to artificial respiration, is, in the vase majority of cases, pure carelessness on the part of the anesthetizer and not "idiosyncrasy" on the part of the patient.

Only too often asphyxia comes from dropping of the tongue into the pharynx or letting the palate close the air passage by permitting the jaw to drop back or down too far. The anesthetist who under such circumstances catches the tongue with forceps and pulls is forward ought to be kicked from the operating room—all that is necessary to do is to remove the

pillow from under the patient's head and to pull the jaw forward and upward by placing the thumb and forefinger behind the angle of the jaw and making traction forward and upward.

In this form of shock the first indication is to restore breathing by resorting to artificial respiration if the natural efforts have ceased. If they are merely shallow and irregular oxygen by inhalation is the surest remedy if at hand. If not—which is generally the case when wanted—galvanism is of use; but this, also, is frequently not ready when needed. So one must usually depend upon medicines. Here injection of a large dose of strychnine is permissible, though heart stimulation is not the special object to be attained but stimulation of the respiratory center—the heart will take care of itself if the blood can be oxygenated. Digitalin, as increasing the action of the left heart, would seemingly be indicated; but it must be recalled that the left heart it empty, the right surcharged with poison-ladened blood which can not be forced through the inactive lung. The inhalation of aromatic spirits of ammonia is sometimes good. In bad cases of respiratory failure forcible dilatation of the sphincter ani will start respiration. Hypodermic injection of sulphuric ether or of whisky sometimes stimulates the respiratory center into activity.

As soon as the "shock" has subsided (and it frequently disappears almost as suddenly as it comes on) the operation may be completed, under just as little anesthetic as possible, and the patient put in bed as soon as safety will permit; for these are the cases in which so-called "secondary shock" (not due to concealed hemorrhage) is likely to appear.

3. Nervous Shock. This form of shock is best illustrated by the man whose leg is run over by a locomotive; the loss of blood is not great, the mere severance of a limb should not ordinarily prove fatal, the pain though sudden and excruciating is not greater than often borne, yet the man dies of "shock" —the impress upon the central nervous system has been so great that "reaction" can not take place. Now this exact condition may arise, but fortunately in less degree, during an operation under anesthesia—the "stimulation of the cardio-inhibitory center by afferent impulses through the vagus" being the usual explanation. But, whatever the mode of conduction, by reason of tremendous disturbance of the vasomotor system this form of shock is greatly to be feared; and there can be no doubt that the pernicious influence of the anesthetic itself, in too large quantity, upon the nerve centers has much to do with its production. The lesson of the anesthetist is, therefore, to learn how to carry the patient up to the

critical period of operation with the smallest possible quantity of anesthetic, whatever it may be, yet have the anesthesia so complete at the proper point that a severance of the great nerve trunks shall not be felt, or that ligation of any huge vessel (like the femoral or subclavian) shall not be attended by any disturbance sufficient to jeopardize life. This is difficult to do and is one of the things which makes the experienced surgeon often say that the responsibility of the anesthetist is frequently greater than that of operator.

In the treatment of this form of shock strychnine finds its proper use: 4 milligrams (1-15th of a grain) may be injected as soon as the shock is apparent. Glonoin, too, is often of advantage in dose of one milligram (gr. 1-67th). Hypodermoclysis is of doubtful utility, though commonly used. This form of shock is almost unknown when the hyoscine-morphine-cactin anesthesia is used—one of the great advantages of this combination.

4. Secondary shock is often merely the effects of too much anesthetic, plus more or less carbon-dioxide poisoning from replacement of pure air by excess of the vapor of ether or chloroform for a long time. It is particularly apt to occur when large quantities of ether have been given by a man who believes in "crowding it on" until the patient is cyanotic.

This asphyxiation or carbon-dioxide poisoning, added, to the direct effect upon excretions and metabolism of the anesthetic itself, constitutes the fourth or "composite" variety of "shock" during and after anesthesia.

Its treatment is essentially that of the effects of asphyxia: plenty of fresh air, elimination by the skin (induced by hypodermoclysis if necessary, or by subcutaneous use of pilocarpine); washing out the stomach, in which large quantities of ether (and in less degree chloroform) may be found; free catharsis by giving a large dose of Epsom salt in the stomach at the conclusion of lavage, or by hypodermic injection of salicylate of physostigmine, 1 milligram (1-60th grain) every hour four times, and by use of high enemas containing ox gall and turpentine, and especially by the external application of heat.—(Texas Medical Journal.)

LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held Monday evening, February 3, 1919. The application of Dr. Hugo Foss for active membership was presented and accepted by the society. Following the usual course of business two papers were read. The first, entitled

"Pneumonia," was contributed by Dr. Aisbitt. The second, entitled "Influenza," was read by Dr. H. Ford Scudder. Both papers will appear in this Journal. The subjects were well discussed bringing out many interesting points along the line of the etiology and treatment of these conditions. It was suggested that a committee be appointed to collect a record of the cases of influenza treated by Eclectic physicians with the death rate of same as compared with other systems of medicine, with particular reference to Allopathy and that such report be given proper publicity. The treatment of hiccoughs was discussed. Tela Aranea is suggested by Dr. A. P. Baird as an efficacious remedy for this condition. The stoppage of hemorrhage by the local application of a weak solution of methylene blue was suggested by Dr. Clinton Roath. This valuable piece of information was acquired by the doctor while attending clinics in the East.

The next meeting of the Society will be held on Monday, March 3, 1919, at the residence of Dr. J. A. Munk, 747 South Alvarado Street, Los Angeles.

CATHERINE E. OHNEMULLER, M. D., Sec'y.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

NEWS ITEMS

H. T. Cooke, M. D., has opened an office at 410 Ferguson Bldg., Los Angeles, and will specialize in anesthesia.

Dr. J. R. Buckingham, having been released from the army after a year in the service, has located at 2102 West Seventh street, Los Angeles.

Dr. W. F. Holman has returned and opened an office at 800 L. A. Investment Bldg., Los Angeles.

Born: To Dr. and Mrs. Elmer L. Smythe, a daughter, Annette Elizabeth, at Haverhill, Massachusetts, on January 23, 1919. Dr. Smythe is located at Bremerton, Washington, but at present is a lieutenant in the Medical Corps at Camp Kearny, California. The Journal extends congratulations.

Dr. A. C. Pritchard, after serving seventeen months as Captain in the U. S. Medical Corps, has returned to Hot Springs, Arkansas, where he is located in the Thompson Bldg.

Dr. J. C. Stout has changed his address from 1152 East Fourteenth Street, to 128 Thirteenth Street, Oakland, Calif.

Dr. John W. Cosford, N. 1716 Monroe Street, Spokane, Washington, wishes to retire from practice and desires to sell his office and residence to a hustling young Eclectic. This would be a splendid location as Dr. Cosford is the only Eclecic there.

Captain W. E. Smith has been released from service in U. S. Medical Corps and has returned to his practice in Whittier, Cal.

Dr. and Mrs. H. V. Crook, Big Pine, visited in Long Beach and Los Angeels for a few days last month. Dr. Crook has been appointed District Surgeon for the railroad.

Married—Dr. C. O. Hansen, Pasadena, and Mrs. June McNee, a member of the Long Beach Board of Education and a prominent club woman were married recently. Dr. Hansen has recently returned from the Army Medical Service. The couple will reside in Pasadena.

Died: Alfred N. Couture, Auburn, California, graduate of Hahnemann Medical College of the Pacific, San Francisco, 1894, California Eclectic Medical College, 1896, died at the White Hospital, Sacramento, on December 26, 1918, from cholelithiasis for the relief of which an operation had been performed.

Died: Mary Viola Cosford, Spokane, Washington, graduate of the Eclectic Medical College, 1885, died at her home on October 28, 1918, after an illness of sixteen weeks from pyelitis. She was a member of the Michigan and National Eclectic Medical Societies and practiced for twenty-five years at Mancelona, Michigan, retiring in 1905 and moving to Spokane, Washington. She was 63 years old, and leaves a husband, Dr. John W. Cosford.

DIED—George W. Finch, died at his home in Los Angeles, on February 23, 1919. He was a graduate of the California Eclectic Medical College, 1890, and had practiced in Los Angeles many years. He is survived by one son.

HANDS AND POCKETS

Corporal Ellsworth O. Terrill had his hand in his pocket when he went over the top in the vicinity of Hagenbach, Alsace, France, August 21, 1918. He did it to hide something, but was discovered in the act of deceiving his sergeant and for the offense was cited in orders and given the distinguished service cross by General Pershing.

In the coming Victory Liberty Loan there will be many who will be giulty of deception. Many hands will be put in pockets and withdrawn empty. Other millions will go deep in their pockets to bring out savings and then pledge future earnings to make the heroism of Corporal Terrill worth while.

When the time comes for us to put our hands in our pockets to answer the call of our government that was bulwark for our homes we should forget our excuses and remember the hand that Corporal Terrill stuck in his pocket. It was mangled and torn; the ribbons of red were centered with jagged pieces of white blasted by the Hun. Because the remnant was less than useless and if discovered would cause him to lose his part in the counter attack he stuffed it into his pocket, pursued the enemy and threw hand grenades at the retreating enemy with his left hand.

Suppose we think of Corporal Terrill when we put our hands in our pockets for the Victory Liberty Loan.

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Original Contributions

WHY THE FLU?

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(Read before the Los Angeles Eclectic Medical Society)

Now that the flu epidemic has subsided, we can look back and smile at the many foolish things that were said and done concerning it.

The Spanish influenza has been the worst epidemic in many years. It reminds us somewhat of the epizootic, which prevailed nearly fifty years ago, and of la grippe, in more recent years. The disease was more cosmic than local in its effects, and nothing has yet been discovered to control it.

The flu had its tides of ebb and flow, its waves advancing and receding at irregular intervals for reasons unknown. It was something altogether mysterious and nobody seems to know much about it, or how to cure it.

It was evidently caused by some poison floating in the air that traveled with the wind. It went everywhere and spread to every land under the sun. It was no respecter of persons, conditions or distance and did just about as it pleased. It was as apt to attack the lone rancher on the desert one hundred miles from civilization as any one in a crowd on a city street. It did not stop for closed doors, gauze masks, quarantine or any other imaginary preventive device and went about its destructive work according to its own sweet will and pleasure. It had a peculiarity of attacking most frequently and fatally, healthy adults of both sexes and invariably skipped invalids and the very young or very old.

Owing to the disturbed state of society through the earth, some one reported that the world was going crazy. If that be true, it would seem as if the doctors were in the van guard

of the insane squad from their habit of saying and doing ridiculous and preposterous things; and especially by what they did in the late campaign for stamping out the flu.

Health officers might be useful members of society if they went about their work in a sane and business-like manner, instead of lording it over everybody just as soon as they chance to acquire a little authority, as if they were the autocratic dictators of the universe.

The average citizen is usually patient and docile, often too much so for the good of the oppressed—and is glad to do anything in reason that he is asked to do which will benefit the community; but he naturally resents arbitrary regulations, which on their face are absurd, oppressive or unnecessary.

Human nature is very gullible and easily humbugged by what it hears. The majority of people are good folks, but their unsuspecting simplicity puts them into the sucker class, as they are always ready to bite at any bait that is offered and swallow it quickly. In like manner they believe all scare propaganda which the health office issues, without stopping to examine its merits and are thus easily led astray.

The health office never seems to be quite so happy as when it is stirring up trouble for the people and busy issuing and enforcing senseless and useless regulations for others to obey. It pretends to know everything and tries to impress the public with its superior wisdom and importance, but there are a lot of things that it does not know nor ever will know. It claims credit for everything good that comes along, and is just as ready with an excuse for any wrong done, or mistake made. It acts on the assumption that it can do no wrong, nor make any mistake. It respects no personal nor home privacy, but just goes ahead and does as it pleases without asking permission of anybody. Such a performance might seem funny if it were not so tragic. It arrests and imposes fines for trivial and inoffensive acts and if it says that you must go to jail, to jail you go! If there is any public office that needs reforming it certainly is the health office; but that will not be done until the people are fully informed of its misdeeds and are united to resist its oppressive rule.

Its first order in the recent flu campaign was to issue a warning against yawning, sneezing, spitting and coughing on the street or in a public place, lest it infect some innocent passerby; accompanied by the usual dire threat of what would happen in case of disobedience and discovery. These acts of every day life are only natural physiological functions that

are necessary to the physical well being, and harmless, as everybody knows.

Closely following this order came the closing ordinance that shut all the churches, schools, theatres and other public meeting places, which interference was both discriminatory and useless as it did not include the big unrestrained crowds which met daily on the down town streets. As was to be expected, this order was doomed from the start to be a complete failure.

Another very foolish thing was ordering the wearing of the gauzemask. Years ago when it was the fashion for women to wear heavy veils, the doctors objected to the practice on the ground that veils caught dust and germs off the street, which was both unsanitary and unhealthy and, also, a means of spreading contagion. Under the new order of things this practice was restored and made compulsory, and many had to wear the new style of veil in the form of a gauze mask. Time also proved that this annoying and ridiculous face appendage of nose bag and mouth muzzle was equally futile to stay the progress of the disease, just as all of the other means that were previously tried had failed.

The doctors have adopted the theory that every disease is caused by some germ and, per contra, that the disease must be cured by using some other germ in the shape of a virus or serum injected into the body. Doctors promulgate a lot of silly nonsense that they want the people to believe, which is as unreliable and unscientific as the doubtful beliefs of witchcraft, voodooism, or of any other foolish cult. They are strong on theory, but mostly lack the proof, as in the case of the flu germ. Their evidence is much like that of Uncle Remus in describing the Doodang, when he says: "I ain't never see 'im myse'f but I dun seed dem what say dey hear tell er dem what is see 'im." This reasoning is about as clear and convincing as that used for the germ theory.

After finding that all the various means tried for stamping out the flu were failures, the health office fell back on the old moth-eaten, but available quarantine, as a last hope. Just as soon as it had been fairly established and was in good working order, the death rate suddenly jumped in one day to four times the normal number of deaths; but as there was now nothing else to do, the tagging of houses was continued. No instance of failure was posted or mentioned by the health office, but the fact of failure was self evident and everybody knew it. From this time on the flu was marked by diminish-

ing waves, until it finally disappeared of its own accord, having exhausted itself.

If reports are true, recent experiments have proved conclusively that the flu was not a germ disease, neither was it contagious. The most thorough investigation failed to find any germ or successful method of propogation; and the people suffered all their punishment for nothing.

During the month of January, 1919, the public health service started an investigation to find out what it could about this new and strange disease. One hundred healthy young men volunteered for the experiment and everything was done which could be thought of that would make the test a success. Fresh flu virus was taken from typical cases in a hospital for inoculation and was smeared into the eyes and nose of each volunteer. At the same time their throats were swabbed and sprayed separately with a solution of the secretion, trying in every possible manner to make it stick, but without success. The experiment was then made to communicate the disease automatically in the natural way, by conversing with the patients and by their breathing and coughing into the faces of these persons, as they leaned over the beds. It was reported that not one out of the one hundred volunteers engaged in the experiment caught the disease; which shows, again, how perfectly foolish were the frantic efforts of the health office to do something that it did not understand; and the public, as usual, had to pay the bill in dollars, inconvenience and suffering. The following from the Los Angeles Times, dated January 29, 1919, is of interest in this connection.

A Comedy of Errors

"When the humorists of Pasadena began to wear meal sacks over their shapely heads and little Fido was given a nose bag when taken out for an airing it was realized that the day of the flu mask was near an end. Even a medical theory will not long survive ridicule and masking was only a dinky little narrow theory at best. Here would be a couple of otherwise brainy docs arguing themselves purple in the effort to convince the world that the only way to keep the influenza bug out of the human frame was to strain it through a muzzle. Then along would come a whole school of bespectacled physicians and declare that the influenza germ was so small that twenty billions of them could do the highland fling on the point of a pin and they would pass through the finest meshed gauze as easily as one would sift eggnogg through a mustache. They declared that masks were merely germ traps

where microbes and other wild beasts were gathered in large numbers and then encouraged to trickle or ooze their way all through the human frame. Always masks were unsanitary and if a person had a eenty nip of the flu, or was susceptible, the breathing through gauze would centralize the germs right at the danger zone.

"So the doctors had it back and forth, much to the mixed amusement and consternation of the laymen. White the medicos scrapped the undertakers kept on burying their dead and the careless survivors continued to marry and give in marriage, just as they had done for centuries before. Sometimes a doctor who hung out strong for the nose bags would be the king pin of some municipal board of health and then that town would find itself condemned to wear masks. Travelers would alight from the trains, take one squint at the populace, give a yelp of hilarity and then climb back on the cars. Then some day the citizens would declare that all this was red-handed foolishness and would force a repeal of the masking order. At some of the army camps masks were required and at some they were not. When a massive, bronzed soldier came to town with a dinky square of cotton gauze over his beak people were inclined to sympathize with him as a poor nut who couldn't help himself. When the visitors began to cut buttonholes in their mush-guards so that they could smoke cigarettes through them everybody laughed and again the mask craze would wane. Some communities wore masks and some didn't. The germ went merrily on. He didn't seem to care a single hoot whether he was strained through a skimmer or not. If a girl tried to bar him out by wearing a harem veil he would nail her just for luck. Neither doctors nor muzzles bothered him one bit. The doctors admitted that they didn't really know much of anything about influenza, but they kept on theorizing—and counting their money. If a patient was rich enough to have four or five high-priced physicians he didn't stand much of a chance. While the doctors were arguing whether he ought to have his germs sifted or strained the undertaker would drop in and finish the job. The only show the patient had was to hide out in the brush and take his air the way the good Lord delivered it."

CAESAREAN SECTION

Clinton Roath, M. D., Los Angeles

(Read before the Los Angeles Eclectic Medical Society)

The object of this paper is not to stimulate a stampede in the direction of Caesarean Section, neither is it to create a fear of this operation, but it is to draw the attention of the man in general practice to its importance, safety and indications.

There is no other place in human ills where an acute call for immediate surgical attention is so frequently neglected. Hundreds of women and children lose their lives each year; and, again, in the more favorable cases the health and offspring of manyother mothers are credited to the neglect of surgery in obstetrics, for this is a safe and sure avenue of relief. Even though it is possible to drag the child through the birth canal, it is often quicker and safer for both mother and child to do the Caesarean operation, as it often saves irreparable injury to mother and injuries or even the life of the child.

Indications for operation are of two classes:

First: Those due to foetus, such giant growths, deformities as hydrocephalus or other deformities causing abnormal size, abnormal presentation where delivery is impossible and in which version cannot be performed, some cases of dead foetus, where expulsion or safe removal cannot be brought about by the vaginal route.

Second: Those of the mother, viz.: Deformity of the pelvis, tumors of the uterus interfering with uterine contraction or narrowing pelvic outlet, rupture of uterus, some cases of placenta praevia, some cases of inertia, some cases of uremia or toxemia, some forms of insanity, sudden death of mother due to any cause after child is viable if immediate action is possible, or any other cause demanding immediate delivery.

Pelvimetering or measurements of pelvis will give the doctor an idea of the size of the pelvis and apprehend distocia if of maternal origin. There are two varieties of pelvimetering: The internal can only be performed by one well experienced in the use of the instruments, and very accurate and valuable; the external variety will always suffice and is much more conveniently made and but little practice is required.

The following six measurements are all necessary and describe the average normal pelvis:

Intercristal (between the iliac crests).....27 to 29 cm.

Interspinous (between anteriorsuperior spines)..24 to 27 cm.
Inter trochanteric (between trochanters).....29 to 31 cm.
Ext. conjugate (from depression below 5th lumbar spine to sup. border of pubes)..... 20.3 cm.
Inf. straight (tip of sacrum to lower inner border or bottom of synthesis pubes)..... 12.5 cm.
Tv. of outlet (between tuberosity of ischium internal border) ..... 11 cm.

If the pelvis measures less than the foregoing figures in two or more diameters, it is almost impossible for a child of normal size to be born alive; however, elastic articulations sometimes make it possible, especially if the mother is young.

The Operation. Care must be taken to have the necessary instruments and good assistance in readiness and the field of operation properly prepared. The incision is then made; beginning at a point usually about 3 or 3½ inches above the umbilicus extending downward around and about the same distance below it, will usually give ample room. Care must be taken to avoid the bladder, which will be found to be carried up out of the pelvis late in pregnancy. The next step is the uterus, which may or may not be removed from the abdomen before the incision is made; at any rate, a rubber tourniquet should be in readiness to control the hemorrhage, and just previous to the incision a hypodermic of ergot ZSS should be given to induce uterine contraction. The incision is now made through the uterine wall; it should extend over the anterior part of the fundus and be large enough only to permit of delivery of the baby. Care must be taken not to injure the baby. Scissors are usually preferable to the knife after the wall has been cut through.

The baby is then delivered and handed to an assistant for resuscitation, which may be somewhat difficult, but will seldom be found to fail if the proper methods are carefully followed out.

The baby being delivered, the tourniquet can be drawn about the cervix, the placenta carefully removed and closure begun.

This, in my experience, has been most satisfactorily accomplished by a continuous plain catgut suture No. 2 for the purpose of coating inner wall of uterus, then an over and over continuous of chromic No. 2 to complete closure of the incision. These stitches should be taken deep and drawn quite snug to prevent separation of uterine wall when the uterus relaxes.

The muscles and skin are closed in the usual manner and a drain placed.

The uterus should be kept contracted by the use of ergot by hypodermic or per mouth and the patient kept rather quiet for the first three days.

Following the method described, the patient will make as quick and satisfactory a recovery as from any ordinary abdominal operation and can usually leave the hospital at the end of two weeks.

CERVICAL ADENITIS; ESPECIALLY IN CHILDREN

Herbert T. Cox, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society)

ETIOLOGY—The source of infection will probably be some inflammatory, ulcerative or malignant focus in connection with the shoulders, neck, head, face, lips, cheeks, gums, teeth, tongue, fauces, uvula, palate, tonsils, pharynx or nares. Epidemic cervical adenitis or Kirkland's disease is one of the newer diseases described, which causes enlargement of these glands. Infectious diseases, diphtheria, scarlet fever, German measles, tuberculosis may be the cause; or a rheumatic condition of the system or toxins in the lymph system.

Pediculosis capitis with sores is said to be a common cause of enlarged cervical glands in children of the poorer classes. Lymphadenoma, Lymphosarcoma, Hodgkins' diseases, Syphilis, Plague and Tuberculosis may be the cause in adults but other symptoms of the respective diseases will generally be plainly seen.

PATHOLOGY—Cervical Adenitis is generally of lymphogeric origin. Unilateral or bi-lateral. Either the superficial or deep lymph nodes may be affected. There is usually an inflammatory hyperemia and edema, the lymph spaces becoming blocked by the inflammatory exudate, in varying degrees according to the inflammatory reaction. In cases of pyogenic infection from neighboring structures there is a great accumulation of polynuclear leucocytes in addition and tendency to subsequent abscess formation. The inflamed nodes are always swollen and of a grayish red to dark red color. The recovery of the inflammation is usually simple absorption of the exudate, the leucocytes returning to the circulation or being caught in the fibrin network, soften and become absorbed. If infection is too extensive, necrosis of tissue and breaking down follows resulting in an abscess pocket.

DIAGNOSIS—The diagnosis of swollen glands will generally have been made by the parents, or if it has not, it is easy for the physician to detect; but the cause or differential diagnosis may be difficult in some cases. It is often difficult to decide whether the enlargement is merely inflammatory or due to some more serious lesion as tuberculosis lymphoadenoma or syphillis, etc. The longer the swellings persist, the less likely they are to be purely inflammatory. If they are present on both sides of the neck; if they show a tendency to adhere to each other and to the skin; if they are tender notwithstanding their having been present a long time; they are probably tuberculous. The absence of lung signs is no indication that they are not tuberculous. The diagnosis will be settled by the removal of the glands and microscopic examination.

Acute cervical adenitis with sore throat is one of the chief features of a new epidemic malady, described by Kirkland. The fever rises to 102°F or higher and may persist from a few days to two weeks. In obscure cases a rheumatic condition should be searched for, as that disease in young children is not marked by the characteristic symptoms. An analysis of the urine in these cases will reveal high acidity, low urea and presence of indican. Often a history of having a starchy diet, much acid fruit or eggs, etc., or exposure to dampness with too little clothing. In adenitis accompanying infectious diseases the cause will be well known. It is to be remembered that occasionally cervical adenitis might be the clue to an overlooked case of scarlet fever with very little or no rash.

TREATMENT—Put the child to bed, reduce the diet to liquid. Give an initial clean out; my favorite is Tablet of Calomel gr. 1/10 with phenopthalien gr. 1/10, one every half hour until 4 to 6 have been taken followed by castor oil or salines according to indications in the case. The tablet may be repeated night and morning for a few days or a saline each morning. Specific Aconite or Gelsemium for the fever and congestion as indicated, combined with Specific Phytolacca which is always indicated. And if the stomach will tolerate it always include ecafolta if there is evidence the adenitis is due to an infection.

If danger of suppuration, and the fever is running high, give calcium sulphid gr. 1/6 to gr. 1/2 every hour or two to saturation for a few days. If the tonsils are swollen badly or show evidence of sepsis, take a curved aluminum applicator with a nice fluffy swab around and behind the ton-

sils and into the posterior nasal space with iodine and glycerine, equal parts or the following specific medicine: Aconite or Veratrum zj-ij. Specific medicine Belladonna zss; ecafolta q. s., oz 1, and repeat at each visit if temperature does not drop. Have rubbed well into the swelling every 2 hours during the day Petrogen Iodine 5% to 10% or Iodine ointment of which Iodex is a good one. Sometimes I have used Phytolacca cerate with good result. If the swelling has arisen suddenly or seems oedematous, have a large application of antiphlogistine applied at night and left until morning. Hot packs during the day sometimes aid. If suppuration threatens, have an ice bag applied continually and push Calcium Sulphid and ecafolta.

If high acidity of urine and Indican have been found suggesting a rheumatic tendency, cut out acid fruits, meats and eggs. Put patient on milk or malted milk diet during the acute stage. Every 3 hours give powders of Sodium Salicylate gr. 1 to 3, Sodium Bicarbonate gr. 2 to 5; combined with powdered lactated pepsin or milk sugar. Dosage varying with the age. Keep these powders and eliminative treatment up until acute stage has passed, temperature normal and glands have been reduced or until urine is normal; and then continue three times a day for a week or two to clinch the result. If much bowel fermentation or absorption, Salol or the Sulphocarbolates may be combined with the above powders,being careful not to give them too near the nourishment.

In all cases where marked results do not occur in 24 or 48 hours, Syr. Ferous Iodid given in good sized doess combined with phytolacca and perhaps ecafolta in Simple Eyrup, should be given three or four times daily. It is a specific for the glandular inflammation, is an intestinal antiseptic and stimulant to the blood making organs as well. If the case becomes subacute or chronic it makes a good tonic to continue for weeks alternating probably with Calcidin. In the Chronic cases or recurrent cases, one should look well to the cause and remove it, and improve the hygenic surroundings of the patient. If a rheumatic tendency, enlarged tonsils and adenoids be present they should be removed.

If the constitutional signs of sepsis appear persistent, the swelling increases or remains stationary and every indication points to probable abscess formation it is best to immediately open up the pocket and drain it and not to procrastinate too long until the toxins have penetrated the child's blood, or pus has burroughed along the cervical fascia. Many of these abscesses are deep in the neck beneath the muscles and deep

fascia, often giving rise to internal bulging as much as external, and consequent danger of pressure symptoms or internal rupture with strangulation while the child is asleep. The task of opening a deep abscess of the neck is not always an easy one. By bi-digital examination with one finger in the mouth and one externally, the most prominent portion of the mass may be ascertained and the question of whether an internal or an external incision is the nearest, best and safest route must be decided. The parents will object to the external at once because of fear of scar, but it is not necessary to make an extensive slash in the skin, as a very small opening if made in the proper way and kept open will drain the abscess. Unless the abscess gives very definite fluctuation near the mucous surface in a safe place, it is much safer to open from the external surface. The abscess formed by a cervical adenitis will be lateral and most of them will present the prominence either (1) anterior to the sternomastoid near the angle of the jaw, (2) beneath that muscle, or (3) bulge just posterior to it.

Have a good anæsthetist give the child a general anæsthetic. Pick out the most likely center of the abscess for the incision or as near it as you can (if you have to shift on account of important structures in the neck) ; also a point which you judge will be near the inferior portion of the abscess when the patient is in the upright position. Make a skin incision not over one inch long down to the aponeurosis. Rupture the aponeurosis with a director and work it gradually down to the pus, and enlarge the opening by pushing in forceps and withdrawing them dilated. Do not be surprised if you find no pus beneath the skin and have to go very deep to find it. Pack the cavity loosely with strip gauze, iodoform preferably, and pull out and cut off a very little each day. You will have good results and practically no scar.

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CAN MUTILATIONS BE INHERITED?

Upon the return of our soldier boys from active service the people will be asking this question of their medical advisers. As compared to other countries which have been engaged in the great war the percentage of our wounded as compared to the total population must be quite small; still there will be a sufficient number to make a noticeable impression upon our public life. The most of these men will marry and in due time beget children. Will these children inherit the mutilations of their respective fathers? Among the people there is a belief, or at least a fear, that such conditions may be produced in the offspring. It is difficult to see just why this idea should be so prevalent, when all reliable data proves conclusively that mutilations of the parent are not produced in the offspring. During the gestation period the fears of the mother overbalance her reasoning faculties, and, in a measure, her state of mind is conveyed to those with whom she is associated. This makes it a family affair, and it is necessary for the doctor to reassure all of them; using such means as seem appropriate to the particular case. Frequently this state of apprehension will

be found in families whose members are quite intelligent—too intelligent to express it to the doctor. However, a doctor who is in thorough sympathy with his people will comprehend their state of mind without being told in words and adopt the necessary course of procedure.

PYELITIS

Leon Louria, M. D., Brooklyn, N. Y.

This inflammatory process affecting the kidneys at times involves only the pelvis of the kidney, the so-called outlet of the kidney, and we have to deal with the inflammation which at times is a continuation of the inflammatory process which started below in the urinary organs, a continuation of urethritis or cystitis, cases to which we give the name of ascending pyelitis.

Other cases are of a hematogenous origin from the blood, where the inflammation is caused by microbes, the so-called infectious pyelitis. In these cases pyelitis is one of the symptoms of a general infection of pyemia. In other cases the cause is purely mechanical. The formation of stone or gravel in the pelvis of the kidney or pressure of the tumor around the root of the kidney may produce a secondary pyelitis. In acute cases we have fever, chills, lumbar pains, frequency of urination. The urine is milky in appearance, due to the presence of pus and excessive mucus, acid or neutral in reaction, and on standing leaves a very copious sediment, whitish or yellowish white in color, consisting of almost pure pus. When the pyelitis is due to stone, the urine contains blood, at times in large quantities, almost a hemorrhage from the kidneys, due to the mechanical irritations caused by the stone and erosions produced by same.

In calculus pyelitis, the pain is more severe than in cases of catarrhal or pusy pyelitis. The pain has a paroxysmal character, occurring in the form of attacks due to the migration and passage of the stone through the small lumen of the ureter or to the obstruction of the kidney end of the ureter and followed by retention of urine and distention of the pelvis of the kidney. The general symptoms accompanying the course of a pyelitis are at times severe, due to the absorption of toxines, resembling the clinical picture of general pyemia. When the inflammation pressure extends beyond the membrane of the pelvis it involves the surrounding tissues, resulting in formation of an abscess around the kidney, so-called peri-nephritis. A simple catarrhal pyelitis where the inflammation is mild sub-

sides in a week or so. In cases where there is an obstruction to the flow of pus the prognosis is grave.

Treatment

The treatment for acute cases consists in placing the patient in bed, on a strict milk diet, forcing large quantities of water with a view of increasing the flow of urine and dilute same, applying here the surgical principle of washing and cleansing a wound.

As to drugs, we prescribe what we call urinary antiseptics—drugs which are excreted by the kidneys and have a local action on the inflamed membrane. To this group belong urotropin, benzoic acid and its compounds. Ethereal oils, like oleum santolis, oleum copaiba, oleum eucalypti, are frequently prescribed; they have not only a soothing effect on the inflamed membrane, but also act somewhat antiseptically.

Of course, calculi causing the pyelitis must be removed by surgical means. We have no drugs to dissolve them and they can pass the ureter only when they are quite small, being carried away with the increased flow of urine. Surgery is called upon when there is an obstruction of the ureter with the following hydro- or pyo-nephritis, and also in cases of an abscess around the kidney.

(Medical Brief)

FUNCTIONAL TESTS OF THE KIDNEYS

William H. Deaderick, M. D., Hot Springs, Ark.

As long ago as 1857 Todd, and in 1865 Roberts, discussed the delayed elimination of certain drugs, and in 1873 Bouchard experimented with fuchsin for this purpose.

Most of the work done along this line has consisted of experiments upon the elimination of various chemical substances.

It is scarcely within the range of reasonable expectation that any single test for kidney function will entirely supplant clinical observations as a basis for diagnosis and prognosis, but results of these tests must be correlated with clinical findings.

The polyuria test was introduced by Albarran in 1904. Its value consists in demonstrating the reserve force of the kidneys, a diseased kidney not being proportionately able to respond to the increased stimulus, and for comparative tests of each kidney of an individual. After giving the patient half a litre of water the urine is collected during half-hourly intervals for three hours. During the second half hour the urine

is normally increased, attains the maximum during the third half hour, then decreases rapidly.

The objections to the test are the long time required, the fact that it is not always possible to produce a polyuria even in a healthy kidney, and that a polyuria maye have pre-existed from a diseased kidney.

Total Solids

The determination of the total solids excreted by the kidneys is readily determined and with sufficient accuracy for practical purposes, according to the method of Haeser and Haines, if the amount of urine in twenty-four hours and the specific gravity are known. The number of ounces is multiplied by the last two figures of the specific gravity and ten per cent. of the product added, the result being the number of grains excreted in twenty-four hours.

The amount of solids excreted is not a very accurate index to renal efficiency, notwithstanding urea is the solid which most influences the specific gravity.

Kidney Permeability

Methylene blue was first used in 1897 to test the kidney permeability. It is not supposed to indicate the degree of secretory activity. Fifteen minims of a five per cent. solution are injected hypodermically. The normal time of appearance in the urine is from fifteen to thirty minutes, the maximum excretion is during the third or fourth hour, and elimination is completed in from thirty-six to forty-eight hours. The test is not accurate and has not been generally adopted.

Defective Tests

Phloridzin was introduced for this purpose by Klemper, in 1896. One cubic centimeter of a 1 to 200 solution is injected hypodermically. Glycosuria appears in half an hour and disappears in three or four hours. A wide variation of results has thrown this test into discredit.

Indigo-carmin, first used by Voelcker and Joseph, has not received favor, as only 25 per cent. is excreted by the kidneys. It is supposed to be excreted by the cells of the convoluted tubules. From five to ten cc. of a 0.3 per cent. solution are injected intravenously. The beginning of elimination is noted fro mtwo to six minutes, and after fifteen or twenty minutes the color of the drug has almost disappeared.

Rosaniline was first used by Lepine in 1898. Between 60 and 65 per cent. is excreted by the kidneys. After hypodermic injections it first appears in the urine within thirty minutes; elimination is at the maximum during the third and fourth

hours and is completed in about twenty-four hours. Owing to the greater amount of this substance excreted in the urine, it is more reliable as a test than indigo-carmin, but cannot be regarded as having great diagnostic value.

Nitrogen Determination

The determination of the non-proteid nitrogen of the blood as a test of kidney function was recognized by Bright in 1836. The difficulty of the technic and the inconstancy of the results preclude the general practicability of the method.

The electrical conductivity of the urine was introduced by Turner. The method is complicated, the apparatus extensive and the results inaccurate.

In 1897 Koryani averred the value of cryoscopy, the determination of the freezing point of urine, as an index to renal sufficiency. The freezing point of the urine varies within wide physiologic limits, deficiencies in certain solids, may compensate for large increase in others, and it is largely influenced by diet and water; so this test is not of great value to the general practitioner.

Potassium iodide was one of the first substances used to test renal efficiency, having been introduced by Duckworth in 1867. Following the teachings of Schlayer, it is used to determine tubular functional capacity. Five-tenths of a gram of potassium iodide is given by the mouth and the urine is tested every two hours by Sandaow's method. Excretion should be completed in from thirty to forty-eight hours, and if prolonged beyond sixty hours, tubular disease of the kidneys is supposed to exist. This test has recently been proven unreliable.

The Salt Test

The excretion of sodium chloride in the urine has been studied particularly by Schlayer as a test for tubular efficiency. After the estimation of total chlorides has been made in a pation on an ordinary diet, five grams of sodium chloride are given by mouth. Within twelve hours the amount excreted should equal that administered, otherwise there is delay. The salt test is not thoroughly satisfactory.

The Lactose Test

The lactose test advocated by Schlayer as an index to the vascular function of the kidneys consists of the intravenous injection of a solution of twenty grams of lactose in twenty cc. of distilled water pasteurized at 75 to 80 degrees for four hours on each of three successive days. All of this should be excreted in four or five hours. This test is sensitive and is useful for diagnosis, and but for the time required for the

preparation of the solution, would probably be of broader clinical use.

A Reliable Test

Phenosulphonephthalein was first described by Remsen in 1884 and was introduced as a functional test by Rowntree and Geraghty in 1910. It is a bright red crystalline powder, somewhat soluble in water, more so in alcohol, but insoluble in ether. It is non-toxic and non-irritating, is excreted with rapidity and exclusively by the kidneys. Its color renders it peculiarly fit for colorimetric estimation. It appears in the urine in one hour when given by the mouth, in ten minutes or less when given hypodermically or intramuscularly and in three to five minutes after intravenous administration. Geraghty believes that it is excreted by the renal tubules alone, the glomeruli being little, if at all, concerned. It is capable of demonstrating the reserve force of the kidneys.

The preparation best suited for general use is a solution each cubic centimeter of which contains six milligrams of the drug. The best colorimeter is Rowntree and Geraghty's modification of the Autnrieth-Konigsberger instrument. Twenty to thirty minutes before injecting the solution the patient is given 200 to 400 cc. of water to insure diuresis. This, however, is not essential, as the output of the drug is not influenced by the amount of urine. After the bladder has been completely emptied spontaneously or by aid of a catheter, exactly one cc. of the standard solution is injected into the muscles of the lumbar region. It seems important to select this location since intra-gluteal injections have given subnormal readings. To ascertain the time of appearance of the drug, the urine is allowed to drain through a catheter into a test tube containing a few drops of a five per cent. solution of sodium hydroxide, and the time of the appearance of the first faint pinkish tinge is noted. The urine is collected at the end of one hour after injection, and at the end of two hours, care being taken that the bladder is completely emptied. To ascertain the amount of the drug eliminated, the urine of each period is placed in a litre graduate, ten cc. of a five per cent. solution of sodium hydroxide added. A small portion of this diluted urine is placed in the rectangular cup and the wedge-shaped cell is manipulated by means of a screw until the two sides of the color field are identical in intensity. The percentage is then read from the indicator on the instrument.

Excretion Time Index

The drug should appear in the urine from five to ten min-

utes after injection; from 40 to 60 per cent. should be excreted in the first hour, and from 60 to 85 per cent. in two hours. The influence of diuretics on the output of phenolsulphonephthalein has been studied by Rowntree and Geraghty, who found that those diuretics which are known to exert some stimulating influence on the activity of the secreting cells of the kidney, namely, caffein, urea, dextrose, phyoridzin and calomel, slightly increase the output, while those acting by changes in osmotic tension or blood pressure, as sodium chloride, potassium nitrate and digitalis, apparently have little or no effect on its excretion.

Clinical Bearings

The conditions in which this test is of value in determining renal efficiency are especially acute nephritis, chronic parenchymatous and chronic interstitial nephritis, uremia, cardiac disease and cardo-renal disease. It gives valuable data in surgical conditions of the kidneys also. In renal calculus, renal tuberculosis, renal tumors and hypertrophied prostate, causing obstruction there is both delayed and diminished excretion. Further experience will doubtless broaden its field of usefulness to the surgeon. Uremia has been predicted before the appearance of suspicious symptoms.

Like all other clinical tests, this one is not absolutely infallible. Rowntree and Geraghty found five mild cases of chronic parenchymatous nephritis of short duration in which the phenolsulphonephthalein elimination was normal. Foster also reports three such cases, and Pepper and Austin, Cabot, Keys and others have noted shortcomings. Practically all clinicians, however, who have had much experience with the test are loud in their praise of its reliability, and it may be conservatively regarded as the most efficient of all functional tests hitherto devised.

Conclusions

1. The P. S. T. test is simpler than other functional tests. It is no more complicated than an ordinary urinalysis, and requires but a short time for its application. The drug is non-irritating and non-toxic.
2. The total amount of work of both kidneys is accurately shown by delay and diminution of excretion.
3. The relative efficiency of each kidney is determined by analysis of the segregated urines.
4. The test is of great importance in cardio-renal disease by indicating the organ mostly at fault.
5. Valuable prognostic data may be gathered by the application of this test.

6. Absolute reliance should not be placed upon any functional renal test, but the results should be correlated with clinical findings.—The Medical Council.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Glendale, Cal., May 22, 23 and 24, 1919. H. V. Brown, M. D., Los Angeles, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY

The March meeting of the Los Angeles Eclectic Medical Society was held on March 3rd at the residence of Dr. J. A. Munk.

Two papers were read. The first entitled Cæsarean Section was presented by Dr. Clinton Roath. He enumerated the class of cases with the indications for this form of surgery and presented interesting accounts of various cases treated in this manner. The paper was discussed by a number of members, who gave their personal experiences.

A paper entitled, Why the Flu, was read by Dr. J. A. Munk with quotations from various humorous articles on the prevention of this disease. Both papers will appear in the Journal.

The next meeting of the Society will be held at the office of Dr. Clinton Roath, Consolidated Realty Bldg., on Monday, April 7, 1919.

CATHERINE E. OHNEMULLER,
Secretary.

THE STATE SOCIETY MEETING

The time for the annual meeting of the California State Eclectic Medical Society is drawing near. This will be the 46th annual meeting, and will be held at Glendale, California, May 22, 23 and 24, 1919. Glendale is an enterprising residence

town a short distance northwest of Los Angeles, and connected with the latter city by an excellent electric interurban system and several good boulevards and by either method of travel it only requires some twenty minutes to traverse the distance. Several Eclectics doing excellent work are located in and around Glendale and the Society is glad to honor their town with the coming annual meeting.

Our president, Dr. H. V. Brown, resides in this beautiful little town and has just recently returned from service in the Medical Corps, full of "pep" and "fighting mad" for a rousing meeting of the old war horses who hold up the banner of Eclecticism in the State. Many others also have been in the service of our country and are now returning, and others who have not been in the military service have been doing double service at home. After these last few months of strenuous work, we all ought to, and can improve ourselves by getting together and reviewing our experiences while we have a little change of environment.

Last year our president, Dr. H. C. Smith, gave us an able address reviewing the History of Eclecticism and giving a detailed synopsis of the history of the state society up to the present time. This was very interesting and listened to attentively by all present. He urged us all to more diligent efforts to maintain an active interest in all our societies, and pointed out that the records show that there are always a selected few who have borne the burdens of running the society. These were not always the same ones, but when certain ones became indifferent to their duties, some other few came to the front and shouldered the work while others remained inactive. Now this has kept the Society alive, but not as strong as it ought to be for the good of all who belong. Eclectics should take their lesson from the war. Germany would never have been whipped if we had depended upon a few to do the work, but by everyone doing "his bit" which might be ever so small, the sum total was so tremendous that they saw their finish coming. Now don't think you can do nothing. When asked to write a paper write something. Don't wait to be asked, it is your society, so think what you ought to do. Pay your dues! Attend the meeting! Write papers! Make it personal, don't leave it to the other fellow. You say you don't know anything interesting or new to write about; just write what you have been doing, probably some other fellow has not been doing that, and it is news to him. Over the top, and to Glendale in May!

Yours fraternally,
HERBERT T. COX, Secretary.

CHICAGO MEETING OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

Finley Ellingwood, in Ellingwood's Therapeutist.

Those of our readers who have helped develop our method of practice will have joy in their hearts to know that enthusiasm of the old-fashioned kind, sincere and spontaneous, is developing rapidly in favor of a reunion this year of our entire forces, which we hope will take the form of a course of clinical lectures of the highest possible grade, and by our very best lecturers on the underlying principles of our practice and on the development of our very best remedies.

On the evening of February 8th I called together the interested men in Cook county and we had a fine meeting. The committees have been appointed and a list of them will appear elsewhere in the journal. At this meeting it was decided that the main work of the entire session should be devoted to the consideration of those parts of the medical curriculum in which our school is peculiar from other schools. Owing to the fact that there is now a great deal of dissatisfaction and doubt in the profession at large as to drug action, since the terrible mortality of the "flu" that without boasting or ostentation, we shall make the entire attractiveness of the session, to develop from our Practice of Medicine and Specific Drug Application. This will permit departments of Surgery, Gynecology, Ear and Eye, etc., for those who prefer to write on these topics. We are to endeavor to make our own methods so conspicuous for their successes in certain diseases as to show without boast their unquestioned superiority. I will illustrate this as follows:

Professor N. A. Graves, who is at the head of the tuberculosis work in Cook county, who has the clinics, the main hospitals and the entire large number of dispensaries for the treatment of this disease under his charge, will plan a clinic for one-half day for the society and for other times for those who shall be present, who desire to pay special attention to the fact that the methods used in Cook county are in line with our own methods for the treatment of this disease probably more than in any other large city.

Professor W. L. Schussler, in charge of a south side hospital, will plan for at least three other clinics. All of these clinics are to demonstrate fully and clearly the Specific Eclectic methods. We shall make a very unusual effort to attract visitors to these clinics from other schools, and other physi-

cians, in order that they shall carry away a good impression of our methods on direct drug application.

Owing to the awful mortality this past winter in Chicago from influenza and consequent pneumonia, those two topics will be made prominent. Professor W. J. Pollock will develop a Symposium on the Treatment of Pneumonia as successful in at least 90 per cent of the cases. If we prove it to be more, this fact by its own merit, will be made to stand out conspicuously.

There should be at least three more symposiums. The first will be on influenza. The others will consider equally prominent single topics. These will be under the charge of the best men in the United States that can be selected for that purpose among our men.

In addition to these medical clinics from the actual practice and every day experiences of our very best observers in these lines, Professor R. J. Lambert will select and arrange and assign with my assistance three or four symposiums concerning definite, unusual, but positively reliable action of drug or drugs, as seems best in the consideration of the total disease.

In the correspondence instituted by the Committee on Propaganda and Organization I desire that the committee write to those of our men throughout the country who are known to have been very successful in treatment and who are willing to contribute and ask them not only to prepare papers on some one topic, but to prepare themselves for extemporaneous discussion on these subjects before the clinics or at such time that these subjects shall be presented for discussion.

Dr. Lambert, at the head of the Materia Medica Department, with Professor Rolla L. Thomas at the head of the Practice of Medicine Department, will not only arrange all the other matter in their departments, in a very attractive and profitable manner, but they will also endeavor to interest the individual contributors to the program, so that there shall be a happy combination between the attractiveness of the clinics and the symposiums and the vitally important general work, which will be in charge in the other departments of the members named in the list of section officers herewith.

Chicago offers so much attractiveness to strangers that there will be no special effort made at entertainment, unless it be made by the various Alumni Associations. The Department of Exhibits is in the hands of Dr. Woodward and others, and this will be made a profitable source of income, to contribute to the reception of those who have no personal interest in the program. It is hoped that the various colleges or their repre-

sentatives will take up the plan at once of developing a plan for the care of their students, regardless of their year of graduation and will push this to the utmost. In order that the younger doctors shall be impressed to continue with our school, rather than to look for a place in a school of medicine that has met with terrible failure this year outside of their surgery.

NEWS ITEMS

Dr. S. M. Atkins has been released from service with the Medical Reserve Corps and has located in Hollywood, California.

Dr. H. R. Evans, Atolia, California, is with a Base Hospital, in France, but is expected to return soon.

Dr. C. H. Upton, formerly located in La Grande, Oregon, but who has been in the government service in Alaska for more than a year, spent the winter in Los Angeles with his family, but returned to Alaska last month.

Married: Dr. Ruth F. Wirick of Pasadena and Dr. Fred M. Bantum of Cincinnati, were married February 11, 1919, at the home of Dr. Clinton Roath, 4501 South Figueroa street, Los Angeles. Dr. Wirick has been located at 6 Cummings Bldg., Pasadena, and Dr. Bantum has recently finished his internship in the Deaconess Hospital of Cincinnati. We hope they will decide to remain in California.

Geo. H. Turner, husband of Dr. Hanna Scott-Turner of Pomona has returned to his home after undergoing an extensive operation at The Westlake Hospital.

Dr. H. V. Crook, Big Pine, was in the city last month, bringing a patient to The Westlake Hospital.

Dr. I. Woodin, Independence, was in the city for a few days last month having some dental work done.

Dr. H. V. Brown has changed his address from the Hollingsworth Building to the Baker-Detwiler Building, Los Angeles.

Dr. C. E. Turner, Bishop, was in the city last month and called on patients of his who were convalescing at the Westlake Hospital.

"A fly and a flea had the Flu,
And they wondered what they had better do.
Said the fly, "Let us flee!"
Said the flea, "Let us fly!"
So they both flew through the flaw in the Flu."

NOT A MATTER OF INTEREST

The interest to be paid by Victory Liberty bonds to be issued in April is not known. And we don't care.

We know the next and last Liberty Loan will be a whopper —probably six billions—and that's enough to start us preparing to raise it. Americans with the reputation of being dollar chasers won't pay a great deal of attention to the interest of these short term bonds because there is always bobbing into our mind the thought of the interest our partners —the Yanks—received on their investment.

When our boys went into the Argonne Forest, St. Mihiel, Chateau Thierry, Santigny, and Belleau Wood, they didn't stop and ask the platoon commander what bonus they would get if they won the objective or ask for a guaranty against loss. They sacrificed when they joined the army and they were willing to make the supreme sacrifice.

Regardless of financial drains for the government or for charity, it has been "pretty soft for us" and if the government chooses to start its last Liberty Loan drive on the second anniversary of our entry into the war or before, you can bet your last dollar that the fellows who are wisely shaking their heads and saying "It's going to be a hard job" will buckle in and have a part in the glory of showing our fighters that the folks at home are "bears" at big jobs themselves.

It's not a matter of interest.

The California Eclectic Medical Journal

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Original Contributions

REPORT OF CASE OF GASTRIC ULCER WITH HEMORRHAGE

John R. Buckingham, M. D., Los Angeles

Read before the Los Angeles Eclectic Medical Society

A soldier aged 26 entered the hospital December 17, 1918, complaining of nausea and vomiting with pain in the stomach.

Examination: General appearance fairly good, but skin rather anemic and waxy. Temperature, pulse, heart, lungs and reflexes normal. Abdomen symmetrical; there is no distention and no rigidity, but just below ensiform cartilage and a little to the left is a spot a little larger than a dollar which is very tender on palpation. He gave the following history:

In service nine months. For two years before entering army did engraving and clerking in a jewelry store and for one and a half years prior to that he was working in an auto garage doing general repair work. Family history: Father and mother living, but neither one in good health. His father has a "bad" heart, and his mother suffers all the time from stomach trouble. Has three brothers living, ages about 22, 30, and 43. Two are in good health, but the brother 30 years old has trouble with his stomach somewhat similar to that of the patient. Three brothers dead. First died in infancy when only a few days old. Second died at the age of 28, cause unknown. Third died at the age of 39 in January, 1918. He had a hemorrhage of the stomach three years before, and was found exhausted in the basement of the store in which he worked. This brother was in the navy for four years before he had the hemorrhage and had had some trouble with his stomach both during and after his service. After his discharge from the navy he had an operation for appendicitis, then some months or years later had a second operation on account of adhesions. Some months after second operation

was taken sick while at work and two days later was operated upon the third time and about three feet of "rotten" intestine was removed, and just after coming from under the influence of the anaesthetic died. Two sisters living. One at the age of 33 has some stomach trouble from which she suffers with severe cramps at times. Second sister is in good health.

Personal history: No habits as to alcohol. No typhoid, no malaria, no venereal diseases. Had measles twice when a child and chicken pox when about eleven years old. Shortly after chicken pox began to have pain in his stomach at intervals of from six weeks to six months, "generally in the fall." These attacks begin with severe cramps in the stomach and continue an hour or more, then leave and a severe sharp pain continues which may last one week or as long as six months during which time he has continuous pain. In September, 1915, was operated upon to find out the cause of his sickness and appendix was found to be four or five inches long and turned upward under the ribs. This was removed and he was told that this was the cause of his trouble. One month after operation had a recurrence of the same old attacks and in 1916 and 1917 attack lasted from October to April, during which time he suffered constantly with pain and at one time was unconscious for four days. During this attack was examined under the V-Ray several times with negative results. Since that time there has been no change in his medical history unless it be that his attacks have been worse than before. His attacks began with severe cramps in the stomach, lasting an hour or more with acid eructations and a chilly feeling through his back about the region of his kidneys. During all the years of his stomach trouble he asserts that he never vomited or spat blood nor did he ever see any in his stools. Doctor after doctor saw him and could not decide what the trouble was, some of them telling him it was imagination. Had consulted specialists with no better results.

Progress of the case. A laxative of sodium phosphate was given, also some bismuth and soda, and an ice bag was placed over the seat of pain. He gradually improved, though at times the pain was very severe, especially at night, and required an opiate to get relief. Appetite good and eating apparently had no effect on the pain. He was expecting to leave the hospital January 1st, but was not permitted to do so. About noon January 2nd, felt dizzy and weak and everything "looked black." Went to bed and was more comfortable. At 10:30 p. m. the same date wakened from a sound sleep nauseated and with severe pain and suddenly vomited, send-

ing a gush of blood against the wall to a height of four feet or more above the bed. This was followed in a few minutes by another and smaller hemorrhage. Total amount vomited at this attack was at least 1500 c.c. Was in a state of collapse and emergency treatment was given: Morphine and atropine hypodermically, ice bag to abdomen, hot water bottles to feet and proctoclysis of normal salt. He was given the normal salt every four hours and 20 grs. of bismuth sub. nit. every two hours for several days. Patient very anemic and weak, but comfortable and had no further trouble until about 11 a. m. January 13th, when he repeated the performance. The chart says, "vomited about one quart of blood." As I was going into the room I met the nurse coming out, and her uniform certainly looked the part. The emergency treatment was given again, but this time I increased the dose of bismuth giving 30 grs. every two hours.

Outcome: Since that attack he has been feeling better than for years and gradually getting stronger. I shall never forget this man; he looked exactly like a wax figure, but he always had a broad smile—one of those kind that won't come off, and I told him that if he kept that smile in good working order that he would come out on top. I left the service on the 4th of February, and left him still in bed, although he had asked me each morning to let him get up.

Present condition: A few days ago I wrote down to find out how he was getting along and received the reply that he left the hospital February 20th and went to Warner's Springs, returning March 24th, having gained 27 pounds while there. Says he has had absolutely no pain since hemorrhage, and no stomach discomfort other than a slight sour stomach due to improper food. He is feeling better than he ever remembers and is to be discharged from the service tomorrow or next day. Looks well and has a good color, and has been chopping wood and doing all sorts of work up at Warner's.

Conclusions: 1. That gastric ulcer is sometimes very difficult to diagnose as is evidenced by the number of physicians consulted, including specialists.

2. That nausea and vomiting with pain in abdomen may be the symptoms of quite a number of different pathological conditions, but local tenderness over a particular spot in the epigastrium is suggestive of ulcer. The fact that his pain was always worse at night when the stomach was empty would seem to point to duodenal ulcer, but the sudden copious gush of blood unmixed with food or foam was enough to satisfy me as to its origin.

3. That a family history will sometimes throw worlds of light on an otherwise obscure condition.

SEXOLOGY

E. Richard Petskey, M. D., Phoenix, Ariz.

Under this caption are to be considered all the different phases of the subject, including venereal diseases, and the great and weighty subject of the day,—"Birth Control."

Fortunately the day of prudery, or better of "false prudery" has passed and passed away for good. A great step forward in this direction has been made by our government. It needed a war to wake us up, and we are all wide awake now. Every effort is being made to familiarize the public with Sexology and its neighbor, Venereal Disease in its various forms.

While I am opening this discourse, I wish at the same time to invite every reader, who is earnestly interested, to favor us with their views and personal experiences. Questions and answers will also be of vital interest. Remember that before you can be in a position to deal with this subject, you must be an unbiased person, with a broad mind and able to see conditions as they really exist today, and not merely as you would have them be. It is impossible for you or me to say what is to be and what is not to be; what is right and what is wrong. Wrong and right are largely governed by circumstances and surrounding conditions.

The Sexual life has become recognized to be the foundation of all life. This may be more apparent to the Gynecologist and the Neurologist than to the daily general practitioner. Therefore, do I especially invite Gynecologists and Neurologists and Psychologists to help make this department of the Journal a very interesting one. Our Journal needs support;—so come and do your part.

You will notice I take the liberty of saying—"Our" Journal. At first you might be inclined to conclude that I am an Associate Editor or a stockholder, which I am not. I am merely an ordinary every-day reader of the Journal. It IS OUR Journal. Yours and mine. It belongs to those of us who help support it, and it behooves us to make it a Journal well worth having. There was a time, not so very long ago, when the whole responsibility of the Journal fell upon the present Editor. What such a responsibility of this kind means but few can realize and appreciate. For a time it seemed as though the Journal would go under, but it did not. It was our good fortune that the California Eclectic Medical Journal fell into the hands of a MAN! a REAL MAN who was able to remove all obstacles and fight ahead and win. He has done it all;—and he deserves a very great deal of

credit; a great deal more than has been bestowed upon him. The desire at this moment is just burning within me to write a story about our Editor, but as that is out of my line, I wish some other reader who knows him even better than I do, would some day give him his due. A good Journal is worth a great deal more in the way of spreading knowledge than a good book. While the book is still in the press its contents are getting cold. Journals can give us the very acme of the subject being dealt with, and permit of arguments pro and con. It is only by combined experiences and views and the final analysis of same that we can gain. So make OUR Journal one of INSTRUCTION AND HEALTHFUL CO-OPERATIVE FELLOWSHIP.

With so wide a field to roam in, one hardly knows just where and how to begin. This being a very important epoch in the history of the world, and especially so in the history of this great country, it might be most appropriate to commence with "Venereal Prophylaxis."

February the ninth, nineteen hundred and nineteen, was designated as HEALTH SUNDAY." This was a National call and one that should have received a great deal of response. Every minister was asked by General Blue to give a talk on Venereal Diseases from the pulpit. While the boys are coming home, many are planning to give them a great reception. You are planning to honor them, but be sure, that profiteers of vice are not going to take advantage of days of festivity to DISHONOR them. Be sure that DEMOBILIZATION will NOT mean DEMORALIZATION.

When Uncle Sam called upon those boys to do their bit at the Front, everything was done to make them "FIT," and especial attention was paid to the "Venereal" side of the matter. And now that these very same boys are about to be released from Service, we do not find the angel of care flying away. No. Our Government is calling ever louder and louder unto us to take care of these boys when they enter into civil life once more and to do all we can to keep them clean physically and morally. Much exploitation has of late been given through the Daily Papers as well as through various Magazines and Journals over the entire Continent, regarding Venereal Diseases. Everything is being done to awaken the people to the great importance for action. Prophylaxis is the daily cry sent out.

You may say you are not a Urologist nor a Sexologist, and therefore cannot lend a helping hand. I say you CAN, and say so most emphatically. If you are a Pediatrist, examine every little child that comes under your care, from a Prophylactic

standpoint. If it be a boy, see whether there is a freely movable foreskin. If not tell the parents the importance of this; and if necessary advise immediate circumcision. Explain how neglect of this may lead to onanism and also is a beautiful harbor for venereal infection. Are you a gynecologist, examine every female patient, wherever possible for gonorrhoea or syphilis, and do this regardless of her troubles and standing in life. The results may surprise you some day, beyond belief. Teach her how to take care of her sexual organs. Teach her the essentials of sex hygiene;—prophylaxis. Educate her how to take care of her children, so that in turn she may learn how to guard her children against any venereal infection. And so on all the way down the line of the various branches of the profession. You all will find opportunities for "PROPHYLAXIS."

There are a thousand and one channels for your help and cooperation to travel along, if you will but keep an open and watchful eye.

Before we go any further I want to call your attention to the fact that sexual intercourse is a physiological function. Many will at once want to say there is no need for prophylaxis. Use "ABSTINENCE." Theoretically that is very fine;—but does it work out in practice? I am talking to the man who has had worldly experience along these lines. The answer will be NO. Abstinence is no argument that will stand on its pedestal. It is a fine art for those who can and do practice it, but at this age, how many do and can? I will not even attempt to answer this. No matter what you or I may think about illicit intercourse, we have not time to discuss that at present, though at a later date I am going to ask for the various opinions on this matter, and am going to gather all the reports I can from the laymen also. Our preachings will not keep man or woman from performing this function within or without the bounds of matrimony. We must take the situation as it really exists today.

We find that education is the best means of establishing a solid prophylaxis. The day may come when we can immunize people against venereal disease, as we do against certain other diseases, but until such time we must resort to other means. I mentioned education as the medium to be used. Education from early childhood. It has, however, been proven that education along these lines may be both beneficial and harmful. A great deal of good judgment, delicacy and tact are required for sex education among the young. The teacher must know how to present the subject, according to individual idiosyncrasy. I wish here to cite two instances of pernicious sex education.

1. A young girl about twenty-four years of age, being of good

standing and a college graduate. She was engaged to a nice sympathetic young man, who without a doubt would have made a very good husband for her. During the last year of her college life she became imbued with her single standard stupidity and chastity for men, which became her slogan. She broached the subject and asked her fiance whether he had always been absolutely chaste before he met her. He denied having been such, but informed her that he had never contracted any disease. She immediately broke off the engagement, declaring that her husband would have to be as pure as she was. She soon learned to regret her move, but it was too late. The man fell in love with another young girl and married. After a few years had passed by, the first girl began to realize that she would soon be ready to join the Old Maids' Union, and so she hastened to get married. She married a man far beneath her own standing, and her marriage has turned out to be a complete failure.

2. Here is a case where the man was absolutely chaste. The girl asked him about his former relations with other women. He told her that he had not had anything to do sexually with any woman and that he had never had any trace of any venereal disease. This did not satisfy the young lady, who demanded that her fiance have a certificate from a specialist. The man point-blank refused to do so, telling her that there was no use in him going to a doctor when he had at no time exposed himself to any infection. He demanded that the girl respect him enough to take him at his word. He broke the engagement. He is now married, but she is not.

These are two instances where lives were ruined by silly perverse ideas. I do not think that a bride should demand more than freedom from venereal disease in the man she intends to marry. Love is very much like electricity. It is something that we know exists, but yet we cannot define it. How far the above conditions may cover any case, will depend upon the amount of this existing "Love." Because one or the other party has at some time or other had a venereal disease should not be ground enough for breaking a matrimonial tie. What should be considered though, is whether said party has been cured or not. That should be the deciding point. Remember that gonorrhoea is not inherited, but that syphilis is inheritable. Gonorrhoea may be contracted from the parent during the passage of the child through the birth-canal. At the same time I warn you not to look at gonorrhoea too lightly. Do not uphold that fallacious statement, which we still to this day hear too frequently, namely, that a gonorrhoea is nothing worse than a bad cold. Only the inexperienced and ignorant will make such a statement. Should spyhilis be involved

with the marital question then after repeated assurance that the germ has been eliminated from the system, it should become an agreement between the two parties in question that they are not to have any children by this union. One or the other should be made sterile, and the lot should fall upon the one who had the disease. Children should only be allowed to arise from the very healthiest stock. This brings us to the end of the common trail, where the road will next branch off into the different branches connected with our subject.

THE CACTUS FLORA OF ARIZONA

R. E. Kunze, M. D., Phoenix, Arizona.

One of the striking features of the landscape of Arizona, especially the Sonoran flora of Southern Arizona, comprising the southern half of this state, is that part between Flagstaff and Yuma. About half way between those towns the Giant Cactus *Cereus giganteus,* asserts itself as the sentinel of the desert and mountain chains along the route of the scenic railways. The genus Cereus is represented in this state by only three or four species. Of this Cereus giganteus, otherwise known as *Saguaro,* and which has a large white flower, furnishes a fine fruit to the Indian tribes and prospectors of the desert region. It is of the size of a hen's egg; the pulp of a scarlet color, containing many black seeds, and is of a rich sugary taste. A migratory Mexican pigeon, known as the Whitewing, feeds on it. It is also dried for future use, and when fresh after fermentation, is made into a wine by the natives. This cactus attains a height of from 130 to 145 feet, largest plants being candelabra-shaped, forming prominent landmarks for travellers.

Cereus Thurberi, known best as *Pitaja,* is the most highly prized cactus fruit known to the red and white man of Arizona and Sonora. Its white flowers are nocturnal. In taste the fruit is sweet, aromatic and luscious beyond belief, and the Papago Indians, during its season, fairly live upon it, and move their camps from one locality to another so long as the fruit lasts. It has a reddish pulp, the skin furnished with a few spines, and the fruit of the size and shape of an apple. It may also be dried, and the fresh fruit is made into an intoxicating beverage. So highly is it prized for sustenance that the Papagoes would not sell you any Pitaja fruit at any price. Doctor Kunze travelled in the Ajo mountains to collect Cereus Thurberi for his cactus ranch in Phoenix in 1908, and tried to have arrangements made with the Papagoes of the Gunsight Mountains village to furnish him with different fruit for seed wanted by German cactus specialists, but all to no avail. Would not sell a single ripe fruit. It bears fruit

in July and September, twice a year, and is found only as far north as the Ajo Mountains and Quiotoa Well in Southern Arizona, being from 50 to 75 miles north of the Mexican boundary. It is found more plentiful in Sonora as far south as Guaymas.

Cereus Greggii is the wonderful tuberous-rooted, Night-blooming Cereus, known to Mexicans as *Jara Matraca,* with a tuber weighing from 5 to 15 pounds and over; from 1 to 3 feet long. Its flower appears in early June, white and lavender colored in its petals, very fragrant and blooming from sundown up to eight o'clock in the morning. Its fruit is scarlet, shaped like a Whitehead torpedo and edible, which may be seen at a long distance throughout the winter months if the desert thrushes have not destroyed it, feeding on its seeds.

Jara Matraca grows only in sandy soil, and likes the shade of greasewood bushes, mesquite clumps or rank sagebrush for a support and shade. Its slender stems are devoured by the cattle, bronchos and sheep feeding on the desert. Its stems grow from 2½ to 5 feet long, according to the length of the protecting brush, and are the thickness of one's fingers, covered by short spines. Unless in fruit when ripe, it is not readily discovered.

Cereus Emoryi or Bottlebrush cactus of San Diego, close to the Sonoran boundary grows only on the sandy beach of that seaport and along the shores of Baja California. It has closely set spines covering the stem, brush like, hence its name. It is an upright grower from 2 to 3 feet high, occurring in dense thickets and very difficult of cultivation when not affected by seabreezes and the briny spray of the waves. The color of the dense spines resembles yellow sand, flowers yellowish and fruit edible. From the soft yellow spines it has been named Velvet Cactus.

The genus Echinocactus or Hedgehog Cactus, also represents some notable species. Prominent of these is *Echniocactus Wislezeni* or Fishhook Cactus, because Indians have utilized its hooked central spine for catching fish. Its stem grows from 2 to 4½ feet in height and 2 to 2½ feet in diameter, weighing frequently 400 pounds and over. Its shape is obovate, having prominent angles or ribs usually twisted, and fortified with long and strong spines. Flowers purple, fragrant and followed by a naked yellow fruit from 1 to 2 inches long, of ovate form and very persistent. The white flesh of this barrel-shaped cactus is edible and by Indians cooked by cutting off the top and heated stones placed into its cavity until soft, when traveling along broad deserts. To quench thirst its flesh is eaten in the fresh state, and nobody should be parched where this cactus grows. Dr. Kunze has

verified the use of this plant on the arid stretches of the desert while collecting cacti. This barrel cactus inhabits the edges and mesa adjoining river bottoms and does not succeed well on the rocky mesa, or base of mountain sides like the following species. A candy is made of this and other large species in Mexico, known as dulcos.

Echinocactus LeContei much resembles the foregoing species in form and quality, but its flower is of a golden yellow, fragrant and has a fruit also yellow, but is in bloom six weeks earlier than Wislezeni. It is fully as large in height and circumference, and the spines quite as formidable as the other species, but are not hooked. Its habitat is on the high mesa, never in the bottom lands, and grows from the base of and up to the top of lofty mountains. The flesh of this species, like the foregoing, may be utilized in the same manner for food and quenching the thirst. It is found from Martinez to the west as far as Mojave County.

Echinocactus Polyancistrus is the Hermit Cactus of Mojave County, growing sparsely in the most arid region, not more than a foot high. Never more than one such is found in the same locality, hence its name. It has long spines of white and purple, twisted in a tangled manner, and handsome to say the least. The flower is small and of a shell pink. It is a difficult plant to cultivate, shy of water, and does not live in cultivation more than a few years.

Echinocactus Polycephalus is the many-headed hedgehog cactus of the Mojave desert, in outward appearance much like LeContei, but always clustered like a perfect rosette. Sometimes it is found in masses weighing half a ton. It is met with south of the Colorado River and north of the Southern Pacific railroad. Only about seven species of hedgehog cacti are found in Arizona.

The genus Echinocereus is represented in Arizona by five species. *Echinocereus Engelmanni* or Engelmann's Hedgehog Cereus is a plant having long slender spines and grows in clusters from a foot to three in diameter. The spines are of a snuff color. Its flower is of a crimson purple, large and very fragrant. The fruit covered with spines is scarlet and of the taste of a half-ripe strawberry, and eaten by man, birds and small animals like desert squirrels and chipmunks. It affects the tableland as well as mountains. The stem is from one to two feet long, and as thick as one's arm. It is in bloom from the middle of March to April. A close allied species is *Echinocereus Enneacanthus,* the flowers of which are of a rich purple violet color, very fragrant, and a fruit as large as a dove's egg, scarlet and edible. The stem is from 1 to 2 feet high, but the spines are not so slender as the preceding species. It is common in the vicinity of Tucson

and Globe, while the preceding species is found a little farther north. The spines are sometimes black, brown or black and white. There is a variety having very short thick spines found near Globe in Gila county. *Echinocereus Fendleri* is another beautiful plant having long incurved spines of blackish and ash color, from 4 to 8 inches in diameter. The flower is large, of a rich purple color, and is succeeded by a small berry. The spines are incurved. Its northern habitat is Yavapai County, also found in New Mexico and Texas. *Echinocereus Mojavensis* is a desert species growing in Mojave County as far west as the Colorado River. Its small flower is of a rich shell pink. The stem or body of this plant averages from 4 to 6 inches in height and this cactus thrives on the alkaline soil of the Mojave desert. *Echinocereus Phoeniceus* is a prominent object of the landscape of northern and southern Arizona, growing as it does from crevices of perpendicular rocks and boulders of mountains up to an altitude of 7,000 feet above sea level. The scarlet flower is notched like a Phoenix for many feet from its base and an object of beauty in the month of June. Having only little leaf mould to grow in, it sends out many long rootlets to the more fertile soil of the forest. It delights in shady spots of the granite rock, and withstands the cold blasts of a rigid climate. The climate where it is found is of a temperate nature.

Echinocereus Rigidissimus or Rainbow Cactus is one of the handsomest species of southern Arizona. The stem or body of the plant is from 4 to 6 inches high under favorable conditions. Small specimens are globose, obovate, having a green epidermis and beset with short stiff spines varying in color from a greenish white to a reddish color. The body is peculiarly annulated by rings of different color, the result of different colors of the spines, whence the name rainbow. The flower is large, of a fine crimson purple and a broad white base of the petals, and very fragrant. It delights in the crevices of rocks of high and lower altitudes of the Huachuca Mountains and Nogales in Arizona, New and Old Mexico. The fruit is covered with spines of a green color. It is considered the most handsome of all the Echinocereus met with anywhere.

The genus Mamillaria or Nipple Cactus consists of low growing globose, simple ovate or caespitose plants found in Arizona. *Mamillaria Grahami,* named for Major Graham of the Mexican Boundary Survey, is largely distributed over Central Arizona from the Colorado plateau as far as the base of the Pinal Mountain. Its flower has pink and white striped petals, is an inch in diameter, succeeded by a scarlet elongated berry in May, and after every summer rain in Arizona. The stem is thickly cov-

ered by whitish or ash-colored spines, so that the green epidermis is invisible. It is from two inches to eight in height, and found on the tableland and mesa alike. Birds feed on the pulp of the berry, also chipmunks of the desert region. From the gray appearance, almost white where exposed to full sunlight, the Mexicans call this pretty Mamillaria "Capeza de Oviejo," or "Old Man." The body of this cactus is densely covered by tubercles having at its apex slender black hooked spines. The flowers appear on the head of this plant in a circular form. Plants growing in the shade of sagebrush or rocks are green in color and attain a much larger size than when growing in the open

Mamillaria Recurvispina of the Mexican boundary, appearing on both sides of the line, is one of the largest and showiest of this genus. It grows in steep and rocky canyons or ravines, where it is difficult to gain a foothold, in bunch grass and other low vegetation which hides its moss green color completely from sight. Usually it is found in large masses, generally forming a rosette with the largest one in the center, and smaller specimens surrounding it. The body or stem of a large specimen may average six inches in height and five in diameter. The spines are long and much incurved, and the center of the apex is depressed. The flower is small and of a dull yellow color. The soil in which it thrives is a black sandy loam mixed with sharp stones of tufa, of which the country around Nogales abounds, and affords good drainage. It is especially found in the "Little Bird Mountains" (Pajaro Mountains), north of Nogales.

Mamilaria Meidcantha is another grotesque plant growing in the same locality and entirely covered by grass and a low growing Acacia having crimson flowers. The plants grow singly, are round and flat, only elevated from ½ to 1 inch above the ground, scarcely visible except to a sharp eye and one accustomed to collect cacti. The flower is small and white. The tubercles or nipples are beset with short rigid spines, an ugly cushion to sit down upon, which the author once did on the brink of a steep canyon, trying to take a little lunch after half a day's hard work balancing himself with an alpenstock in digging out this species. The diameter of this Mamillaria is from 2 to 12 inches. It has a large fleshy root, cone shaped and the entire plant when wounded issues a thick milky fluid, having milk tubes and belongs to the section Galactochylus.

The genus of Opuntia or Prickly Pear family is divided into Cylindropuntia and Platyopuntia on account of the form of the stem. The Cylndropuntoa are the most formidable and some of the largest tree-like species are much dreaded by cowboys on account of its hooked barbed spines, which readily penetrate

stout leather, and in rounding up cattle, they have to protect their legs with an apron like chaperejos. *Opuntia Arborescens,* var *Versicolor,* or Tesajo of Mexicans, is a handsome desert species having large purple flowers, fragrant and succeeded by a dry fruit eaten by cattle. The stem is cylindrical, twisted like a rope, and the plant from 8 to 10 feet high covering large tracts of land. When in bloom it is a brilliant sight of the desert to behold, having given rise to the phrase "blooming like the desert." A variety with cream-colored flowers is known as *Opuntia Spinosior.* Another section of these plants generally called Cholla, contains *Opuntia Bigelowii,* the most dangerous to come in contact with. Usually it grows from 3 to 7 feet high, having a small greenish white flower and a yellow, dry, naked fruit of the size of a dove's egg. The spines are long, barbed and covered by a white glistening sheet or membrane, giving a white appearance to the plant. It is even dreaded by cattle and horses. *Opuntia Fulgida* is another of these Chollas growing from 5 to 10 feet in height, and like the preceding species, found in impenetrable thickets of the desert. The flower is small, of a light rose pink and followed by persistent fruit of a light yellow color, which grows in string-like masses, giving the entire plant a tassel-like appearance. The stem is cylindrical, twisted and in the center is the woody skeleton so much used for canes, picture frames and small ornaments. The skeleton is a hollow tube having large rhombicholes, and the same holds good with Opuntia Bigelowii. The fruit of O. Fulgida is much eaten by cattle, being spineless and nutritious, therefore of some economic value.

Opuntia Lepticaulis, syn. O. Frutescens, is the most slender of the genus, its stems not being thicker than a lady's pencil. The flower is of a greenish white, succeeded by a small berry, the size of a wild strawberry, which during the winter changes to a conspicuous bright red color, a very showy plant. It generally is found in the smaller washes of arroyos growing from 1 to 2 feet high, covered with long slender barbed spines. The fruit is protected by bunches of pulvilli in which are hundreds of spines, which, if handled, give rise to much irritation. *Opuntia Kunzei* is a low growing species found on sandy deserts of Southwestern Arizona, and comes near another clavate species. Op. Grahami, Doctor J. N. Rose, of the United States Museum, who named this species, claims that the flower and fruit are distinct from O. Grahami. Flower is of a light yellow or cream color, has a long calcyine tube, fragrant, and followed by a green proliferous fruit, turning a lemon yellow, which is very persistent. The stem is stout, twisted and covered by tubercles, giving the short joint a clublike shape. It is common in Pima County, south of the Gun-

sight Mountains, as far south as the Mexican boundary. *Opuntia Whipplei* is a striking species, the color of the stem being a dark green beset with long snow white spines. The flower has a color of copper yellow, fruit small, yellow, and very persistent. It grows from Central up to Northern Arizona, at elevations from 5,000 to 7,000 feet altitude, usually in good-sized clumps on pine-covered mountains. The spines are not covered by a sheath, like the clavate series. It grows from 3 to 5 feet high on the Coconino plateau, around Flagstaff, and near Prescott in Yavapai County. Large flowers of cacti have a striking appearance of a satiny texture, making up for scarcity.

Platopuntia is a series having joints which are flat like a hand or fan, and may be round, ovate, obovate or heart-shaped in form. A few only are low growing, by far the most are stately plants which often obstruct trails and highways of travel. *Opuntia Basilaris* has heart-shaped joints of a green color, covered by bunches of pulvilli, and grows only from 1 to 1½ feet in height. It has a beautiful flower from 2 to 3 inches in diameter of a rich carmine purple color and fragrant. It is found on the mesa near Martinez and as far north as the Dakotas. Another variety having a purple tint all over the joints is found in Mojave County and known as *Opuntia Basilaris Cordota,* with a flower of the same color as the type species, and a variety is rarely found on the same desert, known as *O. Basilaris floreallo,* which has snow white flowers and a much lighter green joint of obovate form. This might be termed the albino of these beautiful plants. *Opuntia Engelmanni* is a widely distributed species having large ovate joints thickly covered with long spines. The flower is yellow, which is succeeded by a large purple fruit, which yields a fine jelly when cooked. Some mesas and mountains are thickly covered by this cactus, which averages in height from 3 to 4 feet. Another formidable species is *Opuntia Chlorotica,* growing from 3 to 5 feet high, having single long and strong spines and many pulvilli of spicules on ovate joints. The flower is yellow and the fruit is purple, as large as a pullet's egg. It is found on the mountains of Yavapai County and elsewhere. *Opuntia Ursina* is known as the Grizzly Bear Cactus, its ovate joints covered by long white hair. The only locality where found is in the Mojave desert. Beneath the long hair are found spines which are not very large. Mr. Luther Burbank has several species of a spineless Opuntia or Prickly Pear Cactus in the market which he has much improved for economic purposes as a fodder for stock. But he is not by any means the originator of the spineless Opuntia, which is found in several localities of Central and South America. Arizona boasts of fifty species of Opuntia.

VICTORY LOAN TROPHY TRAIN

The Victory Liberty Loan Trophy Train, which leaves San Francisco at noon Saturday, April 12, will be out 29 days and will tour California, Arizona and Nevada, making 115 official stops.

The itinerary, as announced today by Chairman Allen Chickering, Director of the Speakers' Bureau, shows that this trainload of wonderful exhibits will cover 5,625 miles while on its mission of education and inspiration. It will reach practically every city and town of importance in the three states, and in each, not only will display the relics which have been brought from France, but also will be the center for patriotic programs.

The train is being assembled in San Francisco and all of the exhibits, with the exception of the whippet tank will be on board the morning of the starting day. Shortly before 12 o'clock the train will be moved to a position on the Belt Railroad in front of the Ferry building. There the veteran tank operators who are to have charge of the tank exhibitions will drive their charge aboard the train. At 2 p. m. with bands playing and horns sounding, the special will start on its long journey.

The train will move south along the coast. Its first stop will be at Niles and the second at San Jose. From this latter town it will proceed to Los Angeles and will make 15 additional stops while en route. From Los Angeles it again comes north by wal of Bakersfield and Fresno to Richmond. From that town it again proceeds on its northern journey to Eureka, taking in on this trip Santa Rosa, Healdsburg and Petaluma and ten other towns. From Vallejo it turns north, going as far as Weed and Yreka. It returns south by way of Chico, Marysville and Oroville through Sacramento, where it turns east by way of Auburn, Colfax and Truckee to Nevada.

The first stop in Nevada is Virginia City.

After three days in Nevada it goes south into Arizona, where three days later the train again crosses the line into California to show at Brawley, Imperial and other cities of the extreme south.

As it comes north for the final time, it makes stops at numerous Los Angeles and Orange county towns. It moves toward the Bay district by way of Porterville, Hanford, Madera and Merced. The final exhibit will be made at Stockton on the evening of May 10, the concluding day of the loan.

In all, the train will show in California for 23 days. The first 15 days of the trip are in this State, then come the six days in Nevada and Arizona. The final eight days are in California.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE VICTORY LOAN

Apparently the Great War is over so far as actual fighting is concerned, and the diplomats are now having their inning. In due time their work will be completed, also; and it will be all over except the shouting—and paying the bills. Undoubtedly these bills are enormous, but as compared to those of our Allies they are small, and as compared to those of our enemies they are as nothing. That the people of this country are financially able to raise whatever sum is needed to "finish the job" is beyond doubt, and it is equally true that they are willing to spend the money for that purpose. However there are always a few who are prone to "let George do it." Sometimes it is necessary to show such the error of their ways. We trust that none of our readers is in this class.

VOLUNTEER MEDICAL SERVICE CORPS

Characterizing the work of the Volunteer Medical Service Corps and the Medical Section of the Council of National Defense as "a very striking demonstration of the American

spirit," Dr. Edward P. Davis, president of the Corps, paid tribute to the patriotism of American civilian doctors at the final meeting of the Central Governing Board of the Corps held in Washington, March 14th, prior to the termination of its war-time activities April 1.

A report submitted at the meeting showed that nearly 70,000 applications have been received from physicians for membership in the Corps, of which 56,540 had been received and coded prior to the signing of the armistice, November 11, 1918. Qualifications of these civilian doctors, classified and coded on cards, will be placed in the Library of the Surgeon General of the Army, where they will be accessible to all governmental departments for all time to come. With the approximately 40,000 medical officers additional, who are in the Army, Navy and Public Health Service, practically all the able-bodied, eligible doctors of the country will be listed, available for the nation's needs. Usually there are said to be about 150,000 physicians in the United States, but this total includes a large proportion of superannuated, disabled or ineligible.

Dr. Franklin Martin, Chairman of the General Medical Board of the Council of National Defense, expressed his warm appreciation of the co-operation he has received from the medical profession of the country and his firm belief in the value of the records of the Volunteer Medical Service Corps.

Dr. Davis said, in part: "This Volunteer Medical Service Corps and the work of the Medical Section of the Council of National Defense has been a very striking demonstration of the American spirit in more ways than we have imagined. I have always thought of a remark made by the President when the whole thing was in full swing, just about the time the nation had gotten its stride. He said that the men who were staying in this country were having the hardest time. That was true. You take the medical men who actually went into service. Of course, some of them did office work in Washington, but the men whom I know who have been in the camps here—whether they got to Europe or not—say they have had the time of their lives.

"One man, my assistant, said: 'I am just coming back from a years' freedom from responsibility, except for the immediate performanec of my duties.' Another man, who is probably the best X-Ray man in the Army, said his career in the Army has been the happiest time he has ever known, because he has worked sc ientifically without interruption. They had the privilege of being free to concentrate their minds on duty, and I think the remark made by Dr. Studdiford in New York the

other night is to the point—that there has not been in the past year in the practice of medicine in the United States one single easy, pleasant, satisfactory thing. He said he hoped he would never have to live to go through another such year.

"When you consider the burden thrown upon the profession of this country by the shortage of resident membership, taking away assistants, nurses, laboratory men; the influenza epidemic, with the consequent increase in morbidity and mortality, and the strain upon the population which is now showing itself—it has been a most hectic war season. I don't think any profession has met a similar crisis in civilization as nobly as did the American profession, and no small part of the value and success of the profession was due to this Corps. The fact that we had a Corps where the men could record themselves who did not go to the front had an enormous moral value.

"I personally desire to testify to the pleasure it has been for me to do what I have done. And I have sincerely appreciated the honor which has been given to me."

To about 13,000 doctors whose applications for membership in the Volunteer Medical Service Corps had been received before the armistice was signed, but which had not been acted upon by their state committees, now dissolved, Dr. Davis is sending the fololwing letter:

From: Volunteer Medical Service Corps,

Council of National Defense.

To: Applicants for Membership.

1. With the cessation of hostilities subsequent to the signing of the armistice, the Council of National Defense, under which the Volunteer Medical Service Corps was organized, asked that the activities of that Corps be terminated, and Surgeon General Ireland of the Army requested that the valuable records of the Corps be given place in the Library of the Surgeon General where they will be maintained permanently for referenec by the various Government bureaus.

2. Your application for membership in this Corps, we regret to say, was not acted upon by your State and County Committees before those committees were automatically released and, therefore, we are unable to complete your membership by furnishing you with the visible evidences of your tender of service, viz., the insignia and certificate of the Corps. We wish you to know, however ,that your patriotic offer of service to your Government has been received and your qualifications as outlined on the Volunteer Medical Service Corps application blank have been transferred to permanent code

cards which are to be preserved as an important record of the war.

3. We also wish you to know that those of us who have had the responsibility of organizing and enrolling the medical profession of the country appreciate the value of your offer of service and thank you for it from the bottom of our hearts. This includes the Secretary of War, who presides over the Council of National Defense which authorized the Volunteer Medical Service Corps, the Secretaries of the Navy, the Interior, Agriculture, Commerce and Labor, the members of the Council, and the President of the United States who appointed the Council of National Defense and who definitely approved the Volunteer Medical Service Corps in the following words: "I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the Nation with great enthusiasm from the beginning of the present emergency."

4. Finally, may I express to you on behalf of the Central Governing Board of the Volunteer Medical Service Corps its personal thanks for your generous response to its request for an offer of your services at a time when it appeared they would be so urgently needed by the nation.

EDWARD P. DAVIS, M. D.,
President Volunteer Medical Service Corps.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Glendale, Cal., May 22, 23 and 24, 1919. H. V. Brown, M. D., Los Angeles, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

THE STATE SOCIETY AT GLENDALE

Did you read the snappy articles in last month's Journal by Dr. Herbert T. Cox? We hope you did, for it was an optimistic effort such as ought to make us pessimistic parasites feel like jumping in the lake where we might "meet up" with some of the other dead ones whose society we are properly entitled to enjoy.

Seriously, soberly and conscientiously, dont' you think we ought to get a re-baptism of old-time enthusiasm, and not let Six Med Pub Co Eclectic TApril 19
Herbert do it all? He seems to be a willing horse and likes it, but we must not let him acquire the notion that he is the whole durned thing. Get this command now and snap it up: ABOUT FACE——RIGHT FRONT INTO LINE—FORWARD MARCH.

The undersigned is proud of the honor temporarily conferred upon him as President of the State Society, also proud of the fact that he lives in Glendale, and that the Society will meet in Glendale May 22, 23 and 24, 1919. Brother Cox intimated that the three best doctors in the state live in Glendale. They freely admit it—come to the meeting and see; no telling what may develop under the proper sort of encouragement. Our venerable and enthusiastic friend, Dr. Munk, will be there and it is a ten-to-one shot that he will take a wallop at something —he is always snappy; you cannot afford to miss it.

Harry Smith suggests that each one turn his patient over to some needy doctor for the entire session; come to Glendale and board with him. Our patient is now convalescing, so we expect to be free to devote our entire attention to the business of the hour. Tommy Young expects to be there if the C. S. bunch will let him alone long enough. So with Tom, Herb and two Harrys we expect to have a reception committee that will show you an interesting time. Come and tell us what you did during the war with Germany and the Flu, and incidentally write a short paper on some subject you have had occasion to study recently.

Finally, my brethren, we trust you will run across this little appeal somewhere among the advertisements in the rear end of the Journal and heed it without fail.

HARRY V. BROWN, President.

SECTION OFFICERS FOR ECLECTIC STATE MEDICAL SOCIETY MEETING

1. PRACTICE OF MEDICINE.
   Chairman, J. B. Mitchell, M. D., 210 Post St., San Fran-

cisco; Secretary, H. C. Smith, M. D., 111 E. Broadway, Glendale.

2. SURGERY.

   Chairman, O. C. Welbourn, M. D., 819 Security Bldg., Los Angeles; Secretary, Ira A. Wheller, M. D., 209 Cory Bldg., Fresno.

3. OBSTETRICS AND GYNECOLOGY.

   Chairman, D. A. Stevens, M. D., Holtville; Secretary, J. M. Clark, M. D., Wright & Callender Bldg., Los Angeles.

4. MATERIA MEDICA.

   Chairman, H. T. Webster, M. D., 301 Oakland Ave., Oakland; Secretary, A. P. Baird, M. D., 1407 Mahantonga Way, Los Angeles.

5. BACTERIOLOGY AND PATHOLOGY.

   Chairman, T. C. Young, M. D., 620 E. Broadway, Glendale; Secretary, Chas. Clark, M. D., Pacific Bldg., San Francisco.

6, EYE, EAR, NOSE AND THROAT.

   Chairman, J. C. Solomon, M. D., Title Insurance Bldg., Los Angeles; Secretary, E. H. Mercer, M. D., 111 Ellis St., San Francisco.

7. HYGIENE AND CLIMATOLOGY.

   Chairman, J. A. Munk, M. D., 747 S. Alvarado St., Los Angeles; Secretary, Laura Rauch, M. D., 1745 E. 10th St., Long Beach.

8. PEDIATRICS.

   Chairman, L. L. Haight, M. D., Wright & Callender Bldg,. Los Angeles; Secretary, K. P. Baber, M. D., L. A. Investment Bldg., Los Angeles.

9. ELECTRO-THERAPY AND HYDROTHERAPY.

   Chairman, J. M. Cleaver, M. D., 3459 S. Arlington, Los Angeles; Secretary, F. W. West, M. D., 5928 York Blvd., Los Angeles.

NEWS ITEMS

Dr. A. S. Brackett has changed his address to 3851 Denker Avenue, Los Angeles.

The Harrison Act, as amended by the new War Revenue Act, will be mailed postpaid to any druggist, dentist, or veterinarian who will send a postal request therefor to "Mailing Department, Parke, Davis & Co., Detroit, Mich.

Dr. E. L. Smythe, after being released from the service, joined his family in Haverhill, Mass., but has now returned to his home in Bremerton, Wash.

The engagement is announced of Minnie Jensen of Omaha, and Dr. K. D. Shrasti, Hindu philosopher and chairman of the International Congress of Religious Philosophies at the Panama Exposition. They will reside in Benares, India.

TAKING UP THE SLACK

Taking up the nervous slack after an alcoholic debauch is one of the prime purposes of PASADYNE (Daniel). In the extreme nervousness and sleeplessness consequent upon alcoholic saturation of the brain PASADYNE (Daniel) is of the utmost value, and is much resorted to by practical men who handle this class of cases. The sleep secured is refreshing and enables the poor deluded alcoholic to get a grip on himself once again.

A sample bottle of PASADYNE may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

SYPHILIS IN THE DEBILITATED

A mistake many make is to crowd mercury in debilitated syphilitics because of an obstinate lesion. In all probability, in such cases the condition is made worse rather than better by further reducing the patient's resisting powers through increased mercurialization. What these patients need is increased resistanec that the natural recuperative powers may be brought to normal, thus permitting better utilization of the specific treatment.

For this purpose, a tissue food such as Cord. Ext. Ol. Morrhuae Comp. (Hagee) is indicated and should be employed. In fact, with many physicians the plan of treatment in all cases includes Cord. Ext. Ol. Morrhuae Comp. (Hagee), their logic being that by its use the resisting powers of the tissues are increased and in consequence the disease is diminished in virulence.

The California Eclectic Medical Journal

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Original Contributions

ONE OF THE COMPLICATIONS OF INFLUENZA

Herbert T. Webster, M. D.

A very frequent complication of influenza in my experience was sudden and unexpected attacks of hemorrhage. In two articles on the treatment of this disease I neglected to mention this complication, but my mind has reverted to it upon perusal of various articles by others on the subject of severe hemorrhage, without reference to "flu."

Early in my experience with this disease, during October or November of last year, I was called to visit a family of three children, all suffering from influenza. One of them, a boy of ten years, who had been seen by a neighboring physician, who made only a single visit, was apparently dangerously affected with epistaxis. His nose had bled almost every day at intervals, very profusely. He had a temperature of 103 F., a severe cough, and other influenza symptoms, but the alarming feature seemed to be the nasal hemorrhage, which would break out suddenly at almost any time during the twenty-four hours. When I saw him first his pillow was pretty well covered with blood. and nose still bleeding. This had been in progress almost from the first of the attack. It was permanently checked with a few doses of mangifera, and little further notice taken of the complication until several other cases in children, as well as in some adults, led me to regard it as one of the common complications of the disease.

A young married lady of San Francisco, whose husband was in the army in France, went to Sacramento and nursed a girl friend through an attack, came home in November. and was immediately taken down with a severe attack of flu. This was one of the most severe cases I encountered. Temperature 105, almost constant racking cough, extreme pros-

tration, night sweats, delirium at times, and profuse uterine hemorrhage. No sign of miscarriage, and no probability of it. The hemorrhage was readily controlled with mangifera, but friends were greatly alarmed until I could be summoned and arrived there the following day.

This was only one of the many cases of uterine hemorrhage met with during the prevalence of influenza. None were so severe, but in several cases uterine hemorrhage was noted when time for menstruation was not present.

A relative in the east was seized with a severe attack of hemorrhage of the stomach, diagnosed by her physicians as gastric ulcer. Her life was despaired of for a time. but recovery followed. It was my suspicions at the time that this was another manifestation of a complication of influenza, as the attack occurred during the prevalence of that disease.

As I understand it, gastric ulcer is a chronic disease, which is usually attended by slight hemorrhages, and if profuse attacks occur they are followed by chronic symptoms. It hardly seems probable that immediate and permanent recovery could follow a profuse hemorrhage due to ulceration of the gastric wall.

It seems to me that such hemorrhages—hemorrhages due to the influenza influence—are capillary, not liable to leave a permanent lesion, and prone to rapid recovery after the initial discharge. Slight pulmonary hemorrhage occurred in my experience in numerous cases where the cough and other pulmonary symptoms failed to warrant expectation of pneumonic conditions.

I have no explanation to offer to account for this hemorrhagic tendency in the recent epidemic of influenza. Possibly I am alone in such experience. Others may not have noticed it, but it seems to me that hemorrhage is rather common, and that it may be, in some cases, the only severe manifestation of this disease. One fact is certain, and that is that the disease has manifested itself in many unexpected ways, out of the ordinary routine.

Indeed many persons who seemingly escaped an attack are now suffering from malaise, stubborn and protracted. rheumatism, neuritis. etc. Probably they are really victims of the influenza epidemic in a masked form. I have never known so many cases of stubborn neuritis as now prevail. Neurasthenia and various other stubborn cases of nervous disease are now more than ordinarily prevalent.

ALCRESTA IPECAC

J. A. Munk. M. D.. Los Angeles, Cal.

(Read before the Los Angeles Eclectic Medical Society)

Professor John Uri Lloyd made a wonderful discovery in chemistry when he found out how to regulate the action of alkaloids by combining them with fuller's earth. or the hydrated aluminum silicate. This is particularly true of Ipecac which, under the new regime, becomes practically a new remedy.

Ipecac in its natural state is not a bad tasting medicine, but owing to its emetic properties cannot be taken in sufficient quantity to get its full therapeutic effect. In large doses it is rejected by the stomach before it reaches the intestines, which is its real sphere of action. Ten grains or more of the powdered drug acts as an emetic, which prevents it from passing into the duodenum where it can exert its curative effect.

As an emetic it is the most convenient and reliable agent that we have and is very useful for that purpose. In the past it has been used in small doses as an expectorant and as a remedy for dysentery. Because there was no way known for getting it past the stomach in large doses, its value as a medicine was greatly curtailed.

By some hitherto unknown chemical process, Doctor Lloyd discovered that when Ipecac is combined with fuller's earth, they unite to form an insoluble compound in the acid contents of the stomach, but become separated again, just as soon as they pass out of the stomach into the alkaline secretion of the intestines. Being thus made inactive in the stomach its effect is made negative until after it enters the intestinal canal, where its real healing virtues are developed.

For a long time doctors have suspected that the colon was the natural harbor for hordes of vicious microbes, that sallied forth in large numbers into the various tissues of the body, there to prey upon the health of the human frame and cause it to become diseased. It was also believed that the bacteria found in sour milk, when taken into the body with the food. acted as an antidote to these micro-organisms, and was used extensively in a vague way as a corrective for bowel troubles.

The new treatment was first tried out in the New Orleans hospitals for amebic dysentery, or bloody flux, and was found to be eminently successful, so much so indeed, that it has established a new record in the successful treatment of

that dread disease. It was also observed, incidentally, that the medicine produced an equally beneficial effect in pyorrhea, or gum disease, in the cases treated for dysentery, with which ailment a large majority of mankind seems to be afflicted. All the cases treated were noticeably improved and the gratifying results proved again that another supposedly incurable disease was made amenable to medication.

Ipecac in conjunction with Lloyd's Reagent, is prepared in tablet form and is sold under the trade name of Alcresta Ipecac. Each tablet represents ten grains of the drug or its equivalent. From one to three tablets are given at a dose three times daily. or as much as ninety grains during the twenty-four hours. The large dose, however, is used only in exceptionally bad cases. The tablets can be dissolved in water or swallowed whole and are not bad to take. They should be given on an empty stomach one half hour before meals, which facilitates their quick passage through the stomach into the bowels.

A bad case of pyorrhea presents swollen and bleeding gums, a bad breath and loose teeth. Mastication becomes uncomfortable and the bowels are obstinately constipated. If the medicine is given in full doses, in such a case it acts as a brisk cathartic in proportion to the foulness that is present in the intestinal tract. Whenever that happens the dose should be lessened or the medicine suspended for the time being, and renewed cautiously as the existing conditions may demand. Improvement takes place immediately after taking the medicine. As soon as the bowels have been emptied and cleansed by the Ipecac antiseptic treatment, constipation disappears and the bowels become regular.

The Alcresta Ipecac is not only a specific in pyorrhea, but is likewise curative in typhoid fever, dysentery, diarrhea, cholera morbus, mucous colitis, toxemia and all other forms of intestinal derangements. It acts by purifying the very fountains of life. and improving the vital functions of digestion, assimilation and nutrition, which is conducive to longevity. It is also suggested as a potent remedy in abscess, ptomaine and blood poisoning, and every form of pustular disease, which indicates some systemic impurity.

I have experimented with this drug on myself and others and have not only had unusually favorable, but astonishingly good results in all cases. After curing myself completely of pyorrhea and, again, of an attack of ptomain poisoning, I noticed an improvement in my general health. I had been in a run down condition for some time before

taking the treatment and needed this boost to get me back into shape. There was better digestion and assimilation, with a corresponding increase in weight, and a lucky restoration to a normal avoirdupois.

In this connection I wish to say a word about my good friend Doctor Lloyd for this and other valuable discoveries in colloidal chemistry. He had a similar experience to my own at about the same time and will, I am sure, endorse my statement.

It has been his custom for years to make frequent trips from Cincinnati to Los Angeles, on which occasions we are apt to meet, and because of the renewal of our youth through his discovery. we always manage to have a good time. Sometimes our mutual friend, Doctor H. T. Webster of Oakland, Cal., also drops in, when the hilarity begins.

"We three" are nearly of the same age of seventy or more years young, and are about the only ones left of the crowd that assembled in the classic halls of the old Eclectic Medical Institute, back in the late sixties. The manner of our meeting and the facility we have for stowing away tasty French and Spanish dinners, need not surprise anybody, as we are built that way. At any rate, why worry, if the dinners help to keep us in good humor and the Alcresta Ipecac preserves us in fine fettle to meet, unafraid, whatever fate has to bestow.

ETHICAL ECONOMICS

G. Shearman Peterkin, M. D., Seattle, Washington

Prior to this war various evolutionary forces, without intelligent aid or organized assistance on the part of the medical profession, gradually compelled and are still compelling the followers of medicine into:

1. Accepting the specialist.
2. Demanding hospital facilities.
3. Associating and segregating into more or less organized groups.
4. Establishing private clinics, as the Mayo Clinic and similar institutions.
5. Establishing. as just instituted by Columbia University of New York, a still more advanced form of scientific medical organization, a clinical laboratory.

The same evolutionary forces have caused the laity:

1. To form mutual benefit organizations for the sick.

2. To demand contract practice.
3. To form hospital associations.
4. To demand state aid.
5. To demand free clinics.

In every one of these vitally important politico-economic movements. and in view of the fact that millions of men will return after the war and demand for themselves and for their families the same scientific treatment they have experienced under military organization, medicine as a profession has failed to recognize the same exciting cause in each instance—an economic demand that the theoretical standard of efficiency "Medical Ethics" must be replaced by a more practical standard, "Ethical Economics." This standard demands the application of scientific methods through economic organization to every-day life, so that efficient medical and surgical treatment will come within the reach not of the few who can receive hospital treatment in standard institutions but of every human being.

Confronted by the above politico-economic facts. a very pertinent question presents itself to the medical profession at large: What is medical organization—medical education—doing to solve these problems, at a time when an imminent reconstruction period confronts every form of organized society including the profession of medicine?

Based on observation and experience of 20 years the writer claims that virtually nothing practical has been systematically undertaken.

Nowhere is there evidence that medical organization—medical education—has ever recognized three basic psychologic facts that govern all intelligent human acts:

1. One hundred per cent. of the representatives of medicine, physicians, are human beings, and the minds of the highest and lowest are compounded of the same elements, held subject to the same laws of action; and the knowledge that any one of them possesses comes—as it does to every other human being—through the ordinary channels of the senses.

2. In the search for knowledge in every branch of human society, including medicine, science has produced innumerable mechanical aids to increase the efficiency of the senses of man. Therefore logically, all things being equal, the mind of man gathers knowledge in proportion (a) to the number of mechanical aids employed to increase the efficiency of the senses; (b) the accuracy with which these aids are employed.

3. As a rule normal human emotions govern every human being, including the physician. Therefore, if the recompense for labor does not enable the physician to carry overhead expenses; does not give him time and funds for improvement. study. travel and necessary recreation; does not produce profit that is protection for his family and for himself in sickness and old age; he can neither give efficient service nor continue to progress. If adequately recompensed he can continue to give scientific service far more readily and is more likely to progress.

Yet in the face of these obvious evolutionary politico-economic movements and the basic psychological facts that govern intelligent human action, medical education is still demanding for every individual admitted to the study of any branch of the science and art of medicine a high standard of preparatory education, insubstance a B.A. degree from a recognized educational institution.

This standard, combined with the principles of education that are employed in every medical college after admission to study is such that it can be justly claimed that the educational methods pursued tend to make the graduate physician in this work-a-dayworld pursue the practice of medicine as a pure science. that can isolate itself. that needs no association with the applied sciences. especially economics. For instance, medical education during all these years has apparently never conceived of the practical necessity of recognizing the psychological fact No. 1 as a pre-educational factor of utmost importance.

The United States Government. on the other hand, by the present war has been unceremoniously forced into recognizing its educational value—as evidenced by the first standard of admission to the aviation service, where the highest possible human skill is required in order to successfully destroy life. In this initial examination the most accurate possible physical and mental tests are employed in order to ascertain not only the inherent character and personality of the candidate, but more especially the acuteness, stability and durability of **every one** of his senses.

In the profession of medicine. however, where there is a demand, if it were possible, for even great character and personality, acuteness. stability and durability of the senses—the object of the physician being to preserve life—no recognition is given to the fact that efficiency in applying abstract knowledge depends upon the efficiency, not of one but all of the special senses.

The student of medicine may be deficient is one or more of his special senses. have little tactile sensibility, a poor sense of smell or hearing. defective eyesight, little character and no personality adaptable to a physician. Yet no tests are made to ascertain or correct these defects, and the student is graduated and permitted without any organized supervision to try to preserve—where he would not on the same grounds be permitted to destroy—life.

As to the educational value of the psychological fact No. 2, there can be no question that the mechanical aids to scientific medicine (which include all laboratory methods, even history filing and compilation may be added) have become so numerous, have so developed in detail that to attain efficiency requires not general but definite technical knowledge.

There can be no question that medicine will become organized in the future and when so organized it can be no exception to the general rule and must attain efficiency by having sub-division of labor—therefore organization of labor and equipment.

Medical education as conducted today may be ethical but it is still decidedly theoretical. Medical schools virtually only graduate officers and then only colonels. No provision is made for officers of lesser rank, for the privates in the form of technicians. For privates, we as a profession must take the unsuccessful physician, volunteer nurse, half-trained office girls, or any kind of unskilled help available, whom each physician must train for himself after his own sweet will in order to fill the ranks of scientific medicine with privates. Yet economic organization is staring the profession in the face. With this army thus organized we guarantee to defend the public from disease—then wonder why our efforts as a profession are not appreciated!,

Even the colonel, who may later wish and be willing to work for a higher rank—for instance to become a specialist—there is no institution provided where through concentration of skilled leaders, equipment, technical assistance and economic organization he can learn his specialty from A to Z, and be instructed and equipped with a modified plan of economic organization, whereby he can do justice to the public and his profession by maintaining and delivering the high standard of goods which he advertises to sell in competition with the inferior grades of the cults by attaching to his name an "M. D."

As a profession, in most of our medical colleges, we unquestionably try to manufacture a high standard of goods,

We advertise to the public that the sign "M. D". signifies the which goods must be sold in the open market to the public. highest standard. Yet as a profession have we adopted any organized means whereby we can demonstrate to the buyers, the laity, the value of standard "A" as compared with the imitation "B", to the benefit of both producer and consumer? I think not.

The public through universal education is being taught to think, to reason, yet the medical profession today, like the cults, is asking the public to accept goods on faith without investigation; and we claim as a standard science based on reason, not wholly on faith.

If the profession of medicine will not undertake to solve them for us, but with brute force and a corresponding indiscriminate destruction—unless man employs the intelligence that nature has given him to anticipate evolutionary movements, through the use of intelligence scientically applied but governed by the higher human emotions.

It is not within the limits of this letter even to outline the means to the end that experience suggests. But the old adage always proves true that where there's a will there's a way.

The object of this letter is to arouse, with your assistance, sufficient sentiment to instigate a systematic, organized movement to attain the end sought—the practical application of ethical economics; so that humanity may be efficiently served by the profession of medicine, and the profession win universal respect and attain efficiency through following out not only ethically but economically the dictates of the noblest of all the sciences.

It is possible to prove that such a movement is feasible, for if an imperfect, experimental organization, based on a belief in principles, carried on by an individual, can apply these principles of ethical economics successfully, certainly with the intelligence of the profession concentrated towards that end there can be no question of the outcome of the many economic problems confronting the science of medicine.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THAT PRESCRIPTION

Through our exchanges we learn that the controversy as to who is the rightful owner of a prescription has become pandemic again. So far we have not observed that any new arguments have been presented. The physician still contends that after consultation and examination he has given his advice for the particular matter in hand, and that as a part of these instructions he has given an order for a competent pharmacist to prepare certain drugs in a certain way and deliver the mixture to the patient. Furthermore he insists that he has not ordered it to be done more than once. The druggists contend that having complied with the orders contained in the prescription, the original prescription should be placed on file and retained by him for his protection against a possible allegation of error. This seems to be a reasonable claim, though to our personal knowledge it is the custom in France to wrap up the prescription with the medicine and thus to deliver it to the patient. The bottle or box of medicine containing no label or directions of any kind.

The patient contends that having received the prescription

with or without payment it becomes his personal property to do with as he sees fit. He alleges that he can have it filled any number of times or not at all, as his judgment or inclination may dictate. Moreover he does not hesitate to lend it to his friends to be filled and the medicine used for a condition which he or they believe to be of like character. In doing so he believes that the matter is of no concern to the physician and he is not considered, let alone consulted. Some physicians write "non repetatur" on a prescription, but its efficacy is doubtful unless there is a gentleman's agreement with the pharmacist, and this is difficult where it may be filled by any one of many. Other physicians have.tried including in the prescription a minute quantity of some narcotic, thus bringing it under the provision of the Harrison law, which forbids the refilling of a prescription containing a narcotic in any quantity. Doubtless such custom would be effectual to prevent the refilling of a prescription, but it seems reasonable to suppose that when a patient insisted and demanded that a prescription be refilled the pharmacist might conclude that his own interests were best conserved by stating the reason for his refusal. A few such instances and the physician's practice would be gone because the people as a whole don't want to take "dope."

In our personal experience we have found prescription writing to be unsatisfactory, and many reasons could be given for this conclusion in addition to those mentioned above. Occasionally we write prescriptions, but we much prefer to do our own dispensing, and such is our custom. It is better for the physician and better for the patient. It is of little concern to the druggist, because he is a pharmacist only incidentally. His real business is to sell drinks, food, and notions. He calls it a drug store because such is the custom.

HEALTH AND MORALS

To any one whose thoughts pass beyond the moment, the outburst of more than carnival license that marked the behavior of the throngs who turned the announcement that the Armistice had been signed into a licentious orgy is sufficient to carry the conviction that the lessons of the War are all too poorly learned. Soldiers and sailors everywhere were urged to drink and the shameless conduct of women of otherwise respectable appearance was not only morally revolting, but extremely depressing to anyone who realizes the efforts that have been made on the part of the Army and Navy authorities and the War Camp Community Welfare Association to im-

pose some check upon the venereal peril. It is only too evident that the gravity of this peril has not yet reached a sufficient appreciation by the general public to become a real moral force. It has been argued that these excesses were confined to that usual percentage of the worthless that afflicts every community and that the size of the city accounts for the size of the drunken and licentious crowd. It has also been argued that the intoxicated soldiers and sailors were only those who were always to be found as the normal percentage of the bad among the good. Making due allowance for this argument, it must be pointed out with all possible emphasis that the spread of venereal disease depends upon precisely this factor among the population and that as they are not an isolated or segregated lot, but mingle freely with the rest of us, they are a source of peril to the good. The late Dr. Gaillard Thomas estimated that 60% of all operations upon women were done for the relief of conditions that had resulted from venereal causes and it cannot be too strongly put that the vast majority of those women have been innocent sufferers. The proportion will probably increase. The number of insane dependents of the state is constantly increasing and will continue to increase until syphilitic infections can be stamped out. When it is considered that no living human being came into this world of his own volition, the burden that rests upon parents to see that their offspring shall at least have a clean start in life assumes an appalling significance. It is the duty of every man and every woman to hold before them the clear distinctions that this problem offers. These are two: The moral and the sanitary. The restraints of the moral law are inadequate until age and its resultant experience has built up character to the point where reason and right prevail over the promptings of the flesh. As the average human being remains intensely human until he is snuffed out, it is obvious that the moral element can be effective only in a limited degree. The sanitary side, then, is clearly the point of attack. Little by little this point has gained ground in spite of the opposition of prudes who abound in both sexes and of impractical moralists who make an academic claim that sanitary prevention is merely safeguarding lewdness. If these people would apply the lesson in a concrete form they would readily acknowledge that it is better to disregard the moral quibble and to have a clean, happy and healthy daughter and wife.

There are inherent difficulties in the treatment of this problem that cannot be minimized, but they are not insurmountable. The first thing is to bring home to the entire peo-

ple the necessity for action. The next thing to mold public opinion so as to make it effective. The old fable of sowing wild oats must be gotten rid of. The lesson that sexual continence has no bearing whatever upon health must be driven home, and alcohol as a beverage must be done away with. It was no haphazard poetical dream of the Greeks and Romans that pictured Venus, Bacchus, Labidina and Priapus in the same group. Spiritualize them as you will they form a family whose offspring have required all the skill of Aesculapius to keep in restraint. This subject must be constantly agitated and steadily popularized and it is no small encouragement to find so conservative a journal as the New York Times dealing with it editorially. One cannot but regret that the Mayor of New York City, by his veto of the so-called Curfew ordinance, has helped to hinder the onward march of moral progress.—H. G. W., in Long Island Medical Journal.

CARDIAC HYPERTHROPHY AS OBSERVED IN CHRONIC NEPHRITIS

Nathaniel Bowditch Potter, M. D., New York

The frequency of a pronounced hypertrophy of the heart in kidney disease was first pointed out by Bright in 1836. It was exhibited in 23 per cent. of his cases, in most of them affecting the left ventricle, without any cardiac or aortic lesion as a cause. His theory, chemical in nature, considered that an altered condition of the blood either stimulated the heart excessively or else affected the arteries and capillaries in some way to make it more difficult for the heart to drive the blood through to the veins.

G. Johnson confirmed his findings and adopted the second possibility as an explanation, assuming that the blood is laden with impurities as a result of the renal disease, and that these poisons stimulate the arterioles to contract by way of the vasomotor nerves and so necessitate an hypertrophy of the left ventricle. His conception assumed the existence of an hypertrophy of the muscular layer of the arterioles and explained only the left ventricular hyperthrophy. In 1856 Traube advanced a purely physical theory to explain the cardiac hypertrophy which occurs in chronic nephritis. Two factors, he concluded, produce an increased aortic pressure: First, an obliteration of numerous vessels in the contracted cortex or their compression by the inflammatory exudate; second, an

increase of the amount of fluid in the arteries as a result of the lessened abstraction of water by the reduced kidney structure. In regard to the first factor, Ludwig and his followers, however, proved that an increased pressure in the renal vessels would not produce any permanent increase of the general arterial pressure (ligature of both renal arteries). As for the second factor, Traube's opponents claimed correctly that in chronic contracted kidney there was no decrease, but always an increase in the amount of water withdrawn from the blood, and in addition a diminished excretion of urine. A resulting plethora is promptly equalized by vaso-dilation and no increase of blood pressure results.

Cohnheim modified Traube's hypothesis by assuming that despite the resistance in the kidneys the same amount of blood enters the renal arterioles, and as their tonus depends on the amount of urinary substances to be eliminated there must be an abnormal resistance. In 1872 Gull and Sutton considered that a general arterio-caupillary fibrosis was the primary condition, and that both the contraction of the kidney and the hypertrophy of the heart were secondary. Although this hypothesis will explain the condition in true arterio-sclerotic kidney, it is of no value in interpreting the other forms of renal disease, nor does it account for an hyperthrophy of the right ventricle and auricles.

In 1877, Ewald found hypertrophy of the muscular layer of the systemic arterioles and suggested that the cardiac hyper trophy depended on this widespread change, and that the latter was due to the increased vicosity of the blood with excessive friction in the capillaries. The hypertrophy of the auricles and right ventricle is left unexplained by such an hypothesis, and since an accurate method for estimating the vicosity of the blood has been devised by C. Hirsch and C. Beck, no constant relation between it and increased blood pressure on the one hand and cardiac hyperthropy on the other has been observed. In 1878 v. Buhl believed both renal lesion and cardiac hypertrophy to be concomitant results of the inflammatory action on the kidney and heart of some unknown substances. He found myocarditis in 65.7 per cent. of contracted kidneys, and very often a relative narrowing of the aorta. Such cardiac hyperthropy he considered eccentric, due to a previous dilatation. His percentages have not been confirmed except in a measure by Debove and Letulle in 1880. In any event, his theory would not explain the cardiac hypertrophy of other types of renal disease. In 1880 DaCosta and Long-

streth attributed both renal disease and cardiac hypertrophy to a degenerative atrophy of the renal ganglia and of the lower cervical ganglia of the sympathetic. Senator believes such degenerations are due merely to old age. In 1878 he suggested the possibility of different causes for the cardiac hypertrophy in the various types of renal disease. In 1902, influenced by Strauss' investigations, he advanced the following: "In unfavorable cases of chronic parenchymatous nephritis and secondary contracted kidney, the retained metabolic products irritate the heart and the arterioles, causing contraction of the latter and sometimes an accompanying thickening of the walls. Hypertrophy of both sides of the heart results. The left hypertrophies more than the right, because the former not only responds by increased activity to the direct stimulation of the peripheral arteries, whereas the right ventricle suffers less because the pulmonary vessels possess so little tonus. In primary chronic interstitial nephritis the same irritation exists but acts more insidiously."

In 1900, Bier sees in the cardiac hypertrophy and the accompanying vascular changes a purely compensatory process, useful and necessary. Without it a prolongation of life would be impossible.

These in brief have been the most striking theories advanced to explain the frequent association of cardiac hypertrophy in chronic nephritis. More recently, 1905, from Krehl's clinic, M. B. Schmidt compared the blood pressure of numerous cases of nephritis during life with their histologic changes, no increase of blood pressure was increased. From the same clinic A. Loeb, in 1905, decided that the cardiac hypertrophy is secondary to increased blood pressure, that both are compensatory reactions, that the increased vascular tonus occurs when the glomeruli are imperfectly supplied with blood, either by an inflammatory process or by stasis, so that their capillaries are thereby under too low pressure for proper filtration. He does not decide whether this general vaso-constriction is brought about purely reflexly or by the retention of some poisons. In his last edition, Krehl, 1906, accepts Loeb's theory, and adds that all renal affections which do not influence the circulation are accomplished chiefly by alterations of the tubular epithelium, whereas those in which the blood pressure is raised show essentially a glomerular involvement. He believes that the increased blood pressure may be produced either reflexly or by substances which are imperfectly excreted by the damaged glomeruli. Suggestive of the latter

origin, he cites the pressure-lowering influence of a milk diet and the pressure-elevating influence of uremic conditions.

In 1905, Müller, of Munich, in discussing Loeb's theory, cites cases to show that hypertension does occur without glomerular involvement, but always accompanied by renal inadequacy. He believes that increase of blood pressure and cardiac hypertrophy are limited almost exclusively to nephritis with uremic tendencies, and concludes that the uremic poison is identical with or closely related to the substances which induce hypertension, that slightly concentrated they stimulate the vasomotor, strongly concentrated they exert a more or less profound intoxication of the central nervous system. As corroborative evidence he cites: the almost constant hypertension in uremia; the marked increase of tension and headache (uremic) following a nitrogenous meal, which tendency is practically limited to renal cases liable to uremia. He regards the possibility of some adrenal-like substance being the cause of the hypertension and suggests that, whatever the nature of the poison which increases peripheral resistance, it may also exert an irritating action on the heart muscle. The cardiac hypertrophy can not be regarded as the cause of the hypertension, but a persistence of the latter must lead to the former, because hypertension occurs very early in many cases of nephritis (scarlet fever, sublimate poisoning) long before any cardiac hypertrophy or arteriosclerosis could develop. Neither can any definite organic change in the vessel walls be supposed to cause the hypertension; because the tension especially early in nephritis oscillates so decidedly and becomes normal in acute nephritis as soon as the process has subsided.

The relations between arteriosclerosis and nephritis are complicated. Probably many poisons affect both systemic arteries and kidney structure, and the same poisons very likely also irritate the heart muscle itself and so assist in the production of an hypertrophy of its fibers. The frequent occurrence of aseptic pericarditis argues in favor of a direct toxic action on the heart. Rapidity of development and body nourishment are important factors. Hypertrophy of the heart has been noted in scarlet fever within four weeks. With an almost complete loss of kidney substance in cystic and tuberculous kidneys and with the nephritis which develops at the height of a sepsis, no hypertrophy results. Although the hypertension must be compensatory and act by increasing the current rapidity through the affected kidneys, yet it is

doubtful if the increased excretion of urine is always dependent on such a flooding (Loewi) or on a stimulation of the glandular activity. For in some cases with oliguria and edema we use no diuretic action result from salt or other diuretics (caffein, theo-bromin), although in cardiac dropsies such diuretics act surely and promptly. Perhaps in such cases the kidney structures on which these drugs should act are diseased.

In 1905, Volhard, of Geissen, also attributed the cardiac hypertrophy to an involvement of the water filtrating apparatus (the glomeruli). If increased work is thrown on this mechanism, compensation occurs in one of two ways: 1, by an increased filtering surface (extirpation of one kidney, early cases of diabetes with polyuria before cardiovascular changes have resulted; or, 2, by increasing the pressure through the filter. Rapid severe strains on this mechanism result in injury to the vessel walls and edema as in acute glomerulo-nephritis. A more insidious tax allows the cardiovascular system time to hypertrophy, and the resulting polyuria is perhaps only the expression of an excessive compensation.

During the past few years comparatively little irrefutable evidence directly bearing on this subject has been contributed by experimental medicine and pharmacology, although many pertinent questions have been investigated and partially settled, and fruitful fields for more definite information opened.

Ascoli and Figari found that in some rabbits with a unilateral ligation of the ureter nephrolysins produced generally (not, indeed, always) a marked cardiac hypertrophy, especially of the left ventricle, in from 2 to 8 weeks; again, that dogs injected with normal rabbit serum showed no variation in the blood pressure curve, while those injected with a mixture of nephrolytic rabbit serum exhibited a contraction of the peripheral vessels. Pearce's careful work throws doubt on their claim, and I have been unable to find any confirmation of their findings elsewhere. In a thorough review, Sata mentions their work, but does not comment on their conclusions. Pearce studied adrenalin poisoning in animals. After large doses, within 24 to 72 hours he found dilation of the cardiac chambers, edema of the muscles, splitting of muscle cells and acute granular degeneration. After daily doses for eleven days (animal living sixten days), the heart muscle was thickened; there was much new connective tissue distributed focally, round-cell infiltration, swelling, vacuolation, granular degeneration of muscle fibers, edema and increase of fine elastic

fibers in the new connective tissue. The orfices of the coronary arteries were obscured and obstructed (apparently by a lesion of the aorta resembling recent aoritis). He thinks these lesions have no connection with ordinary myocarditis (human), but attributes them to mechanical efforts of contracting arterioles and over-acting heart. Similar results are reported by K. Ziegler.

R. Tigerstedt gave the name of rennin to a substance which he extracted from kidneys and which, when injected into the blood, markedly raised the blood pressure, primarily by its action on the peripheral vascular nerve centers. His observations have not been confirmed as far as I know.

Richter's brilliant results in producing a typical acute glomerulo-nephritis with hydrops by injecting uran nitrate open a possibility for future research on the question under discussion. Heineke and Meyerstein, in Müller's laboratory, have confirmed Richter's experimental glomerulo-nephritis with uran nitrate.

Loewi's experiments on caffein diuresis have perhaps added additional reasons for condemning some of the older theories mentioned at the beginning of our discussion. Israel fed rabbits with increasing doses of urea for a considerable time and produced hypertrophy of both heart and kidneys.

In 1900, Cfortan, from a series of experimental injections of xanthin and hypoxanthin in rabbits, concluded that these and kindred substances produce a rise in arterial pressure, spasms and endarteritis of renal and peripheral vessels and cardiac hypertrophy of left and subsequently of the right ventricle. No confirmatory experiments are recorded so far as I know.

The beneficial action of potassium iodid in arterio-sclerosis and nephritis is now credited to its action in diminishing the viscosity of the blood. Despite the recent decided interest in nephritis and in arteriosclerosis, as well as the many experimental investigations in point, but few more facts, either pertinent or important, are worth mentioning here. To explain some of the difficulties and discrepancies in published statistics, the unfortunate lack of uniformity of classification of the different varieties of nephritis might be alluded to. Again, from the cardiac side, accurate observations were lacking until Hasenfeld, in 1897, and von Hirsch, in 1900, both from the Leipzig school, examined the hearts in 25 cases of pure interstitial nephritis. They employed Muller's careful method, weighing the individual chambers, comparing the figures with

the body weight and making allowances for the co-existence of general edema. In brief, over 75 per cent. of their cases exhibited an hypertrophy of all chambers of the heart. V. Buhl's figures were 75 per cent. Krehl, Romberg and Henschen have all noted clinical evidence in proof of such a general involvement.

From the last 18 months' autopsy records of the New York City Hospital (for which I am indebted to the kindness of my friend and colleague, Dr. Horst Oertel, and of his assistants, Drs. Symmers and Crowell) different results are obtained. Before quoting them I should mention that probably 75 per cent. of our material was derived from individuals who died above the age of 50, and that Muller's accurate method was not employed.

286 AUTOPSIES, 151 CASES OF NEPHRITIS

	Per cent. of Hyp. of L. V.	Per cent. of Hyp. of L. & R. V.	Per cent of Normal or Atro. Heart
66 chronic interstitial	30.5	11.5	58
22 arteriosclerotic interstitial	27	9	64
25 chronic parenchymatous	12	4	84

Dr. Oertel concludes that the microscopic examination of some hearts, atrophic or normal in size, indicates that a previous hypertrophy has existed. This is shown by the presence of a certain number of atrophying large muscle fibers. Both Dr. Oertel's impression and my own (substantiated by a few definite cases) agree that, in many of these cases of atrophic and normal sized hearts, patients came to autopsy in a very poor state of nutrition. Three explanations suggest themselves: 1, That the patient's power of nutrition was unequal to produce an hypertrophy. 2. That the disease developed too severely and suddenly to permit any such hypertrophy. 3. That the heart was originally hypertrophied and had become later trophic. In most of our cases more probably the last explanation was illustrated because of the co-existing atrophy of the other organs.

Any theory in explanation of all the recorded conditions, and especially Loeb's theory, must satisfy the striking peculiarity so well brought out by Councilman last year. His autopsy records showed that in amyloid disease, excepting three cases complicated by arteriosclerosis or chronic interstitial nephritis, no cardiac hypertrophy existed, despite the very decided glomerular involvement. Similar observations are numerous in chronic pyelonephritis with almost complete renal atrophy and cystic degeneration.

In an effort at compensation the patient's nutritional ca-

pacity must, I conceive, be the keystone to the successful accomplishment of such an effort. Some individuals of poor nutrition, of deficient recuperative power, perhaps due to heredity or to some acquired fault, possess neither a sufficient resistance to the drains of the renal lesion nor the reacting power to compensate the mischief by a compensatory increased tension and subsequent cardiac hypertrophy. Suggestive analogies in infection are easily adduced. We are all familiar with the progress of syphilis attacking some poorly nourished woman in whom a moderate course of mercury still further reduces her physical condition, while the husband from whom the infection was acquired readily withstands both disease and treatment. Again, Wright has several times called attention to cases of chronic staphylococcus infection with a low staphylococcic-opsonic index, in which no response of the organism can be evoked by any method of vaccination or amount of vaccine, whereas in others vaccination promptly raises the index and the patient gets well.

The only therapeutic indications to be adduced from this presentation are all so evident and so constantly applied that I hesitate to add, in conclusion: We should, of course, first and always, work against the cause, next favor hypertension, or, at least, not combat it early in the disease; then preserve and save the heart by every known method, for example, by limitation of fluids ingested, as von Noorden has so timely urged; and, finally, keep up the patient's nutrition in every way, so that as perfect and permanent a compensation as possible may result.

The importance of this in the dietetic problem of nephritis was sufficiently emphasized last year by Shattuck. It was my good fortune and that of all his pupils for the past fifteen or twenty years to hear him urge time and again the necessity of supporting the nephritic's nutrition.

LEUCOPLAKIA OF THE TONGUE

Douglas W. Montgomery, M.D., San Francisco, Cal.

The following instance of leucoplakia is interesting for several reasons: Because of its occurrence in a young man, because of its association with syphilis, and because it almost entirely cleared up under the use of radium and antisyphilis treatment.

A slightly built, rather delicate man of twenty-two years of age, called on me May 22, 1917, on account of a white patch on the left side of the tongue.

The patch was thick, leathery, and was as dead white as plaster. It was sharply circumscribed, and about 1x2 cm. in area. It gave rise to only mental discomfort. The patient said that at the age of fourteen a small "spot" appeared on the left side of the tongue below the edge. At first the spot would come and go, but from sixteen years of age it had remained permanently. At fourteen years he had had a sore on the left thigh just below the buttock, and from then on he said he had suffered from a persistent catarrh of the nose.

In the course of the examination the patient showed me a scar on the left side of the penis, just behind the sulcus, which he said arose from a venereal sore acquired at sixteen years of age.

There was no doubt the patient dated his ill health from fourteen years of age, but I am inclined to date his syphilis from sixteen. I would therefore regard the sore on the back of the thigh as a furuncle, and would ascribe the scar on the penis to his initial luetic lesion. He admitted being at that time exposed to such a contagion.

The patient also showed me a scar on the ulnar side of the left wrist, due to a purulent infection, which occurred one year previously and which he thought arose from an injury. It was impossible to tell if this was luetic.

As regards his general health, the patient was of frail build, no friend of exercise, addicted to sugar, somewhat constipated, had a palpable descending colon, and from fourteen years of age on, as previously mentioned, had a persistent catarrh of the nose. In May of the preceding year (1916) he had a purulent discharge from the eyes, with redness of the lids. Redness of the edges of the lids and sensitiveness to wind still persisted.

He had a wet mouth which was probably due to mercury, which he had been taking, although the gums were not inflamed.

He said he had never smoked, or used tobacco in any way. This is important, considering the usually, and undoubtly justly, accepted view that one of the chief causes of leucoplakia is tobacco smoke.

Just previous to consulting me, the patient had received what seemed to me to be a very inadequate antisyphilitic treatment by the mouth. In the previous January he had suffered from a severe cough from which he had not entirely recovered. Because of the cough, and because of the mild salivation, and also from a desire to get a Wasserman test

uninfluenced by mercury, no antileutic treatment was instituted at this time.

The leucoplakia was treated with radium. A dime-sized plaque containing 24.23 mg. of radium element, and screened with Al. 0.05, cotton and rubber, was applied for ten minutes on May 22, 1917, and reapplied in ten days. In two days after this last application a rather severe, quite painful reaction was obtained. In two weeks the hyperkeratosis had entirely disappeared, leaving what appeared to be a slight scar. There was now also on both sides of the tongue, but especially on the right side, an opalescent haze such as one associates with syphilis, although not definitely characteristic of it.

On June 28, his blood was found Wassermann positive, and on July 27, he received a salvarsan (0.4) infusion intravenously, and four days afterwards he began a course of intramuscular injections of grey oil.

Five weeks after the infusion of salvarsan it was noted that there was only a faint opalescent haze, irregular in shape, and with sharp boundaries, on the left side of the tongue where the leucoplakia had been, and that this haze seemed to be growing fainter.

In all, the patient received two infusions of salvarsan, one of 0.40 and one of 0.60, and twelve injections of 0.07 grey oil. This treatment extended over a period of ninety-five days. The tongue never entirely cleared up; there always remained the opalescent haze and decided local sensitiveness. This residual sensitiveness was interesting, as usually in such cases treated with radium, the sensitiveness disappears, and it indicated that there was more present in this situation, in this case, then simply leucoplakia.

Diagnosis

The dead white color, the leathery consistency, and the permanency of the patch all indicated it as a leucoplakia. It certainly was not a patch of lichen planus, or a traumatic lesion from rough teeth. A mucous patch would not be so permanent, and it would not be so thick, leathery and plaster white. Of course, the ultimate diagnosis of syphilis is another matter, as there are those who believe that leucoplakia is always a manifestation of syphilis (Landousy, Gougerot).

The Probable Sequence of Events in the Case of the Patient Under Consideration

The sequence of events in this man's case seems to have been:

1. An irritable area, possibly herpetic, on a sensitive mucous surface, covered by stratified epithelium, the only kind of epithelial surface on which leucoplakia occurs.

2. A constitution prone to catarrhal inflammations, and sensitized by leutic infection.

The etiology of leucoplakia seems to be by no means a simple affair. Probably the chief cause is syphilis, next comes tobacco smoke, and finally a chronic catarrhal and, therefore, irritable state of the mucous membranes, usually found in connection with chronic fermentative intoxications along the alimentary tract.

When leucoplakia is a manifestation of syphilis, it is not an early symptom of the disease, but a late one. It has been ranked with tabes and the other scleroses of the central nervous system as a parasyphilide. In accord with this etilogy, leucoplakia is a disease of middle or advanced life, for a man does not usually accumulate such treasures as tertiary syphilis, chronic tobacco traumatism, and advanced intestinal intoxication until middle life or old age.

As regards the future of this case, it, of course, is uncertain. The condition may return, as leucoplakia is notoriously refractory to treatment. Anything that may ameliorate it or may secure a cure is of the utmost importance, however, as the condition is now recognized as precancerous, especially its favorite situation upon the tongue. It indeed forms the most interesting connecting link between syphilis and cancer.

Mercury and iodide of potash are only of temporary benefit, and mercurialism is decidedly detrimental. In fact, mercury, especially when given by the mouth, seems, in many instances, to aggravate it. The best active therapy is salvarsan, which sometimes influences it, and X-rays and radium, which influence it to a much more decided extent. Of the two last, radium seems to be by far the more essentially effective, and is much more easily applied.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets

May, 1920. Ira Wheeler, M. D., Stockton, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. H. V. Brown, Los Angeles, has a new Oakland sedan.

Dr. Harriet McGraw has opened an office at 835 South Olive street, Los Angeles. Dr. McGraw was formerly located in Lincoln, Nebraska.

Dr. Irving Woodin, Independence, California, was in Los Angeles last month, bringing patients to the Westlake Hospital.

Dr. J. F. Price, Barstow, has been a patient in the Westlake Hospital for several weeks, having undergone a serious kidney operation.

Dr. Wm. Soenneken, Los Angeles, is a patient at the Westlake Hospital.

Mrs. Bailey, wife of Dr. E. P. Bailey, Long Beach, has returned home, and is now convalescing from a serious operation which she had at the Westlake Hospital last month.

Dr. George H. A. Clowes, formerly director of the chemical department of the New York State Research Laboratory at Buffalo, has joined the scientific staff of the Lilly Laboratories at Indianapolis.

The 32nd Annual Convention of the American Association of Orificial Surgeons will be held September 15-16-17, at the Congress Hotel, Chicago. Forenoons will be given to operative demonstrations at the hospital. The program will be replete with practical addresses, essays, and papers by prominent Orificialists.

Married: Dr. Ada Scott Connor Morton, San Francisco, was married to Robert Frederick Lewis, in New York on May 1, 1919.

Wanted: A good Eclectic to take care of the practice of

Dr. W. P. Byron, Lemoore, California, for the months of July, August and September. For further information write to Dr. Byron, Lemoore, California.

Among the out-of-town members attending the annual meeting of the State Society were Drs. Ira Wheeler, Fresno, J. P. Martin, Stockton, D. A. Stevens, Holtville, E. C. Bond, Hanford, L. L. Keegan, San Diego, and L. E. Rauch of Long Beach. Beach.

Dr. D. A. Stevens, Holtville, had a bad accident recently when he drove his automobile into an open trench, breaking his nose and badly smashing his machine.

Dr. A. Goff, Healdsburg, has moved to Glendale, and will become assistant to Dr. T. C. Young of that place.

Four new members were elected to membership in the State Society at the annual meeting, they were Drs. H. T. Cooke, Harriet McGraw, Catherine Ohnemuller and J. S. Hayes, all of Los Angeles.

The new officers of the California State Eclectic Medical Association for the year 1919-1920, are, President, Ira A. Wheeler, Fresno; 1st Vice-President, J. P. Martin, Stockton; 2nd Vice-President, D. A. Stevens, Holtville; and Secretary-Treasurer, H. T. Cox, Los Angeles. The next meeting will be held in Fresno, May, 1920.

The meetings of the Los Angeles Eclectic Medical Society have been changed from the first Monday to the first Tuesday in the month. There will be no meetings during the summer, the next meeting being the first Tuesday in September.

Dr. H. V. Brown, Los Angeles, spent a week in San Francisco last month on business connected with the State Board of Medical Examiners. Dr. Brown has resigned from the Board, but no successor has been appointed.

"In a deferred report published in the U. SS. Bulletin for May 1, it is reported that Marshall A. Welbourn, Capt., M. C., U. S. Army, has been slightly wounded in action."—A. M. A. Jrl.

The University of California through its Alumni Association has established a "Bureau of Occupations" which is to be the medium through which the experienced as well as the recently graduated physician, chemist, intern or pharmacist may meet the institutions or individuals requiring their abilities. No fee is charged, since the bureau is considered to be a quasi-public committee to see that money paid by taxpayers of the State for the

higher training of young men and women, is not wasted, because of unemployment of the state-given training.

The doctor using Pasadyne (Daniel) need not have any fear that it will produce symptoms of an evil character, nor is its use followed by a habit, and yet it is potent in its desired effect. It produces restful and natural sleep, for which reason it is of distinct advantage in this class of cases. Pasadyne (Daniel) is a concentrated tincture of passiflora incarnata and nothing else. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

"Chemical Foods" and their uses have been briefly described in an interesting booklet issued by the Fellows Medical Manufacturing Co., Inc., New York; and copy of this booklet, together with samples of Fellows' Syrup, will be sent to any physician on request.

SLEEPLESSNESS—Peacock's Bromides bring about sleep in a natural manner, that is, by producing a physiologic cerebral anemia. This well-known preparation is safe as well as effective and the administration of two to four teaspoonfuls an hour or two before going to bed will produce a sound, restful sleep, from which a patient will awaken, refreshed, rested and entirely free from the depression and ill effects so common to other hypnotics. Peacock's Bromides do not disturb the stomach nor induce a habit.

INTESTINAL STASIS—This condition of chronic constipation accompanied by intestinal fermentation and other sequelæ can best be permanently relieved by assisting Nature to do her own work. Prunoils encourage and gently induce the intestinal canal to resume its normal action, and effect this object without causing pain or producing the after results which rarely fail to follow the use of the ordinary purgatives and laxatives.

ATONY OF THE BOWEL—Prunoids relieve intestinal stasis by stimulating the lethargic physiologic processes of the bowel. The results that follow are consequently more natural and prolonged, with gratifying absence of the disagreeable griping and depression that so often attend the use of laxatives and cathartics.

INDIGESTION—The more we study gastric disorders of functional origin, the more evident it becomes that the rational way of treatin gindigestion is to stimulate the secretory glands to do their own work. Send is a true gastric secernent, and by activating the glands of the stomach soon affords a relief from disagreeable symptoms that is far more pronounced and satisfactory than is possible from measures that only act as acids or substitutes.

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Original Contributions

REPORT OF POST INFLUENZA APPENDICITIS. INTERMESENTRIC VARIETY

T. C. Young, M. D., Glendale, Cal.

Read before the California Eclectic Medical Association.

The case I am about to describe was very interesting from several angles. The case originally was a simple case of influenza (intestinal variety) in a boy sixteen years of age. In the course of the disease his temperature ranged from 101 to 104⅔ degrees for four or five days. Patient had considerable gastric symptoms, such as no appetite, nausea, and a very much coated tongue, and bad breath. Urinalysis showed considerable indican, this soon cleared up after a thorough cleansing of the large bowel. I followed up the usual treatment for influenza, the patient's temperature gradually subsided and returned to normal in every respect, except the tongue, this did not clear up very well. At the end of the tenth day he was allowed to get out of bed, on the eleventh day he sat at the table to eat with the family. That evening he developed a severe pain in the region of the pyloric end of the stomach, followed by vomiting. The next morning soreness developed in the right iliac region and right rectus contracted, at this time vomiting and paroxysmal pain had ceased. The pulse was very rapid and thready which denoted an involvement of the peritoneum. I immediately made a diagnosis of appendicitis. The variety I was unable to determine. When ever I have a case where the pulse and tongue indicate toxicity and peritoneal irritation I always think of two conditions, one is gangrene, the other is perforation.

I took a blood count thinking perhaps that might help the diagnosis of the condition. I found a decided leucopenia, that no doubt had been produced by influenza: To confirm my

diagnosis as to the possibility of appendicular involvement I found extreme tenderness at the 1st, 2nd, and 3rd, lumbar vertebra which never fails me in diagnosis of appendicitis. In this case, due to the clouded clinical symptoms, I thought it wise to operate and not take a chance of a possible peritoneal complication which with the weakened condition would have cost him his life. I saw the case at 10 a. m. and operated at 9 p. m. On opening the abdomen and delivering the dependent portion of the caecum, I found no appendix, this gave me some what of a disappointment, but on farther examination up the caecum I could palpate a peculiar dumbbell shaped mass behind the caecum between the two layers of mesentery, this I recognized as being the appendix, so I divided the fraenum of the caecal mesentery and turned out a beautiful specimen of gangrenous appendix. This type had never been seen before. I removed it in the usual manner and closed the mesentery with plain catgut sutures.

I wish to mention that while I was in the abdomen I noticed a very interesting thing, the lymph nodes of the mesentery of the ileum were all enlarged, also that Peyer's patches of the intestinal tract were palpable giving a picture of a typhoid state of the intestinal tract. I also wish to state that the bacteriological findings in the appendix were, strepto coccus, staphyloccus and colon bacilli; whether any of these bacilli were responsible I will leave that for the reader to decide.

The patient was operated upon in the Thornycroft Hospital, Glendale, California. He left the Hospital on the tenth day and made a favorable recovery.

HYDROTHERAPHY IN TREATMENT OF COMMON COLDS

Frederick W. West, M. D., Los Angeles

Read before the California Eclectic Medical Association.

Of all the diseases that man is heir to, the common cold takes the lead. Everybody knows—or thinks he does—just what a cold is; but not even the profession are all agreed as to the exact nature of this common disturbance. Is it a local condition with general symptoms, or a general condition with localized symptoms? Is it a germ disease which has made infection possible? The reason given for this variety of opinion is that all colds are not caused in the same way.

The most common factors that cause any particular cold

may have had its origin in the change of the weather, exposure to a draft, change of clothing, dietary indiscretion or exposure to infection during an epidemic of colds. A cold usually starts in the mucous membranes of the air passages, accompanied by more or less local inflammation, and exhibiting such local symptoms as irritation, sneezing and coughing and alteration of the secretions; while the general symptoms, if there be any, will be manifested by chilliness, slight rise in temperature, malaise, headache, loss of appetite, constipation, etc.—these symptoms, may, sooner or later, pass on down the respiratory tract and terminate in a bronchitis or some other bronchial affection.

Unfortunately, colds are given but little regard and most often little or nothing is done in the way of prevention or treatment; however, when something has to be done, the individual usually resorts to some superstition, as carrying a potato in the pocket, or else seeks a drug store prescription or patent medicine, but when these fail he finally goes to the doctor.

The importance of looking after a cold may be found in some of the following conditions; if it is cured or wears itself out in a few days no permanent deleterious results remain, but when it hangs on for a considerable period every attack is bound to leave some permanent effect upon the mucous membrane which renders the patient more liable to future attacks.

Colds may be followed by grave complications. Some of the minor sequelae that follow are muscular rheumatism, lumbago, stiff neck, and bronchitis. Infective germs are widely scattered and some, more or less, can be found in the mouth at all times. The pneumonia germ thrives in the mouth just as easily as any other and only needs, perhaps, a severe cold to pave the way that it may accomplish its deadly work.

Tuberculosis, another grave disease may become active after a cold; vast numbers of people are infected with this disease but do not know it as their resistive powers have held it in abeyance and no symptoms shown; but the neglected cold having broken down the resistance, the patient at last learns he is stricken down with the most dreaded of diseases.

Colds may be followed by such local troubles as inflammation of the sinuses of the head, otitis media, chronic nasal catarrh, adenoids, or serious heart and lung affections. Another important fact is that some of the gravest of children's diseases begin in a manner not easily distinguishable from an ordinary cold, among these may be mentioned whooping cough, measles, scarlet fever, diphtheria and pneumonia.

These few diseases alone are sufficient reason why every supposed cold should be regarded with suspicion.

There are numerous explanations as to the why of a cold: In general, it may be said that colds are the result of a number of causes or factors acting together and it is reasonably safe to say that no one factor alone causes the disease; these factors must co-operate or else the defensive forces of the body prevent it. Every disease as a rule has two causes assigned to it: predisposing and exciting; what, then, are the different factors, or conditions, that help to produce colds?

Grouping these under three general heads may give us a better understanding, and while all three usually contribute to the onset, yet only two may be the cause.

1. Predisposition to colds—The result of bad hygiene, wrong habits of eating and dressing, overheated rooms, poor ventilation, excesses, anything that tends to debilitate the body. Malformation of the nose may provide a favorable place for the growth of germs, many constant and recurrent colds have been cured by surgical intervention.

Decayed teeth, and diseased gums and tonsils together with chronic catarrh are also predisposing factors.

2. Circulatory changes—Any interference with the normal flow of blood through any given area where congestion or anemia may take place simply paves the way for a cold to take root; such pathological preparation may be due to the following causes: improper dress, exposure, changing clothing at the wrong time, sudden changes in the weather, drafts, sitting on cold surfaces or damp ground, vigorous exercise producing perspiration without proper protection thereafter, and such like.

Although one may be able many times to disregard and violate the above causes, sooner or later he falls victim to such indiscretion and pays the penalty whatever it may be.

3. Germs—This factor is particularly noticeable in epidemic colds, when, on account of the increased virulence of the germs, it may become the principle factor. During an epidemic, some who are not ordinarily subject to colds, may be overcome by this increased virulence and thus fall a victim.

Probably in most cases all three of the above headings enter into the cause of a cold; it is thus sometimes hard to understand why we take cold when we are 'sure" we have not been so indiscreet as to expose ourselves to any of the above causes.

Prophylactic Treatment.

Predisposition should be lessened as far as possible and

measures directed along the line of the three causal factors, the nose and throat membranes being put into healthy condition by treatment or operation. Faulty habits of eating, dressing, housing, bathing, and all excesses should be corrected, making the life as nearly normal as possible. Food, a very important factor, should be well balanced, that it, the protein, fats and carbohydrates must be in the right proportions for ingeston or else the diet becomes one sided. Excessive use of denatured food, such as white flour, cane sugar, white rice, etc., in which the best part has been left out, should be guarded against.

Overheating or drying out the house subjects the individual to exposure when he leaves, the mucous membrane becoming affected when coming in contact with the sudden change of temperature. The room temperature should be kept somewhere around 65 degrees to 75 degrees during the winter, if the air tends to get dry a vessel of water may be placed on the stove, this will furnish enough moisture to keep the air moist.

Clothing, perhaps, may be the prime factor in bringing on a cold, exposure or indiscretion which may cause an unbalanced circulation, may be entirely due to changing at the wrong time from summer to winter underwear or vice versa sitting in a draft, vigorous exercise, or neglecting to change clothing when wet.

Precaution against coming in contact with virulent strains of germs should be observed; in time of an epidemic of colds or other similiar diseases, germs are constantly being thrown out into the air by the breath or by coughing and sneezing, this renders it important that one should avoid crowds, especially the individual who already has a cold. Proper hygiene to the nose, throat and mouth, using mouth washes and cleasing sprays enables one to keep the number of germs reduced to the minimum.

But when a cold appears, the first thing to do, is to endeavor to break it up in the very beginning, applying immediately, and vigorously, appropriate remedies, if this is properly done, the cold may be aborted and no after effects noticed. Unfortunately, the first appearing symptons either do not make any perceptible impression on the individual or else he postpones treatment till some more convenient time; delay is unwise, and if the golden moment is allowed to pass, abortive treatment may be of no avail and that which is begun later will probably not be so successful either.

With a determined attitude of mind at the start of a cold,

before any material tissue changes have taken place, one can wonderfully raise his resistive power against disease if some vigorous active exercise is taken, such as brisk walking, running, swimming, calisthenics, etc., this secures a restoration of the circulation to the affected part; the exercise is best followed by a full warm bath, and a vigorous towel rub.

When there is irritation of the nasal passages it is a decided advantage to use local sprays, for this purpose an alkaline antiseptic solution may be used, followed by an oil spray containing camphor and menthol or some other equally good combination.

Hydropathic Treatment

In order to make this kind of treatment practical only that which can be given in the home will be mentioned.

The necessary articles needed, are a foot tub, pail, turkish towels, rough cloth mittens, two woolen blankets, one sheet and four fomentation cloths, cut from a blanket, size about three feet by three and one half feet; all may be obtained at the patient's home, except, perhaps, the mittens and the fomentation cloths which you should bring with you as the patient usually does not possess such things.

1. Fomentations to chest and hot foot bath.

Patient in bed, both feet in tub of hot water, 105 degrees temperature, during the time fomentations are being applied. To make fomentation, fold one of the clothes from side to side to make three thicknesses, take by the ends and let down into a pail of boiling hot water to within three inches of the fingers, wring out as dry as possible and spread quickly inside of another fomentation cloth that is dry, cover by folding the dry cloth over it, the fomentation is now ready to lay on the patient; the chest being the area to be heated, lay the cloth crosswise, one edge coming up under the chin and the other down to the end of the breast bone. This cloth should be changed every three or four minutes till three or four changes have been made, the last one being followed by a cold towel sponge. Feet should now be dried. If desired, the patient turn over on face and fomentation applied to the back full length. Patient should remain in bed under cover until cooled off and perspiration ceased.

2. Hot blanket pack for sweating.

Lay one double blanket flat out on bed, fold other double blanket from side to side till it is convenient to wring (takes two to do this) let it down into a large bucket of boiling hot water all but the ends, begin twisting in opposite direction

till you can't twist any more, then lift out of bucket and both pull, this wrings out all surplus water; spread out quickly on top of dry blanket, spread sheet in like manner over this and have patient lay down on top, fold both sheet and hot blanket snugly around, tuck in feet and arms and lastly bring up the dry blanket from both sides to cover over all. Put cold cloth on forehead. Remove patient in from 15 to 25 minutes, uncover and dry one limb at a time, lastly chest and back. Keep covered until cool.

Hot tub bath for sweating.

Full tub of warm water 100 degrees, patient in up to neck, cold cloth on head, gradually increase temperature till water is 105 degrees, leave patient in till he is sweating good (10 to 12 minutes) then gradually cool down water. Get patient out and dry off quickly.

4. Half hot bath.

Where cold is in the head only, producing headaches and congestion, a half hot bath will draw away this congestion. Fill tub with enough hot water so that it will just cover the legs when sitting down in it, increase temperature of water as desired, put cold cloth around head and shoulders with Turkish towel for protection.

Fifteen minutes is long enough treatment.

5. Cold mitten rub.

Fill pail about one half full of cold water, put in a good sized piece of ice. Patient all undressed lying face up in sheet and covered by it, put on mittens, patient holds one arm straight up, dip mittens in water, then rub up and down till skin reacts and becomes red, dry arm with turkish towel, then take other arm and repeat the operation, the legs next in the same order, then the chest and lastly the back. This treatment produces a good reaction and raises resistance. Towel may be used in place of mittens.

6. Cold wet sheet pack.

Lay out both double blankets, one on top the other, wring a sheet out of cold water and spread it out upon the blankets, have the patient lie down on the sheet face up, fold the sheet around him snugly and then both blankets, sheet very quickly becomes warm and in about twenty minutes a light form of sweating takes place; remove patient in twenty to thirty minutes and dry off.

There are modifications to all these treatments but if the operator confines himself to the above technique, he will very likely get just as good results as any bath establishment could offer.

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DRUG HABITUE

Once in while we hear a person spoken of as without "bad habits," and the idea conveyed is that he is quite an exceptional individual. From a moral point of view man indulges in a great variety of bad habits, some of them being extremely vicious, and not the least of these being the drug habit. If we use the word drugs in a broad but accurate sense and include alcoholics, coffee, tea and tobacco, it at once becomes apparent that the majority of Americans are drug habitues. In fact these articles are in such common use that they are scacely thought of as drugs each with its powerful and distinctive action. In recent years there has developed a sentiment which has enacted laws designed to stop the general use of the most harmful of these drugs, namely, alcohol. Logically coffee, tea and tobacco should have been forbidden, also; for no one denies that they are harmful and habit forming, moreover anyone who has broken himself of such a habit, after it has been well established, realizes fully that to do so is no slight task. Just what the effect the abolition of alcoholics will have upon the so-called "minor drug habits" can

not be positively stated, though dealers generally believe that there will be a marked increase in consumption thereof. And we may assume also that there will be a greatly increased demand for those "major habit forming drugs" such as cocaine and opium with its derivatives. Doubtless the Government will be increasingly active in the prevention of the traffic in these drugs, for to change a drug habitué from alcohol to opium would be to cure him with a vengance. "Verily his last condition would be worse than his first." And, whether or not, we individually approve of the present prohibition laws, it behooves us to see to it that we do nothing to augment the latter danger. In this sense at least a medical man is his brother's keeper and his responsibilities are great indeed. We suggest that he immediately take his alcoholic patients in hand and help them over the rough road ahead. They may not appreciate it now but they will do so later. Anyway, they will need help and that is a good and sufficient reason.

AYURVEDA: THE MEDICAL SCIENCE OF INDIA* ITS SCIENTIFIC STUDY AND PRACTICE

By Popat Prapbhuram, L.M.S.

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Necesity of supplying qualified Ayuvedic help.

The British rule in India has brought to it the advantages of Western Medical Science, with its everyday progress and new developments. Colleges and Schools have been established in different parts of the country, to teach that science,

*When committees have been established to investigate Ayurved (the Indian Medical Science) in different parts of India by local governments, and at the same time when there is so much heart burnings in certain quarters to belittle its just claims, it will not be out of place to give some definite proofs of the scientific thoroughness and systematic bearings of the science. This article is an attempt on the line. Much more could be said, as further proofs of the same, if one proposes to enter into scientific discussion separately of each medical subject mentioned in Ayurved: but for a layman, that is, one who has not studied Ayurved as a science, and has taken up the responsibility of passing an opinion about it (and to this category we cannot but include Colonel Sutherland whose knowledge of Ayurveda depends on a book which is no better than an advertising medium), the present article will be quite sufficient to induce him to withhold with justice an opinion condemning the only healing art taken advantage of by scores of poor Indian people (and those who as a last resource, after having tried all pathies, come and find a relief) as unscientific and unsystematic, and thus giving a deathblow to a most useful Indian Science.—Editor.

its theories and practice. Best men of Indian Medical Service, best graduates of these colleges and schools, and best practitioners of other Western Medical Universities are dispersed all over India doing their useful work of healing art. Notwithstanding this, there is a large number of British subjects, not only the uneducated masses, but also the educated and the civilized, who prefer to be treated according to the Ayurvedric theory and practice of Medicine, a science existing in India from times immemorial, as is seen from its history and the history of the country. This Ayurvedric Science has been known to have done good to thousands, and to be doing good to thousands even at the present times. It bocomes obligatory therefore both on the Government as well as the public, to supply qualified Ayurvedric help to these men, by encouraging the scientific study and practice of this system of medicine, and supporting institutions established to teach the science both theoretically and practically.

It is very painful to note that most unreasonable efforts are being made in some directions, without knowing the scientific thoroughness and systematic bearing of Ayurved, to lower its importance, and put to ridicule both the science and its practice. This procedure not only injures the feelings of men honestly and scientifically carrying on their useful work in the public, but also produces a sense of pain in the hearts of those, who solely depend on Ayurved for the cure of their ailments.

Study of Ayurved both scientific and systematic.

The study of Ayurved is a hard study, if properly carried out, both scientific as well as systematic, and in no way inferior to the studies of western medical science. It has its medicine, surgery, midwifery, hygiene, toxicology, bacteriology, chemistry, botany, pharmacolgy, materia medica, anatomy and physiology, and students have to acquire a thorough knowledge of these subjects before they begin their practice.

Ayurvedic medicine.

Ayurvedic medicine is a vast branch of Ayurved, full of means to come to a decision as regards clinical examinations, signs and symptoms of disease, and a perfect diagnosis. Ayurvedic scientists have a double diagnosis. Diagnosis of the disease itself as is done by western scientists, and an extra diagnosis of the disorder of the humour Vata, Pitta, or Kafa in connection with the disease. With the assistance of this, Ayurvedic treatment, in even most serious diseases, is many times very simple. A germ fever—for instance, malaria—is diagnosed as that particular fever by observing its signs and symptoms,

learning from the patient the history of the case, and in some cases examining the blood also, to come to a definite diagnosis; but according to Ayurvedic science that diagnosis is not perfect. There are sufficient grounds to say so, when one sees that although quinine is accepted as a specific for malaria, even if a case is diagnosed as that of malaria, quinine sometimes is not able to cure that case—nay, with every dose of quinine the patient gets worse. One can reasonably ask here as to where does the fault lie? To say that quinine did not agree with the patient, or he could not bear it, is not a scientific solution of the problem. The Ayurvedic science throws light over this. The theory of Vata, Pitta and Kafa plays a very important part in the matter. According to this theory quinine is a drug which aggravates the humour Pitta in the system, and if a person suffering from malaria with the humour Pitta predominant in him is given quinine, all the symptoms of the disease are sure to aggravate, and if the treatment is obstinately continued, the patient may die. Such deaths are known to every practitioner. The only way to cure such a patient is to give a drug which will alleviate the predominance of Pitta in the system, with quinine, or without it, if that drug is an antimalarial. In this little change will be found a magic cure for the disease. This is not a cure by a fortunate combination of circumstances, as is believed by some, but a true scientific cure. If cases after cases have thus got well, simply by keeping in mind the theory of Vatta, Pitta and Kafa and treating patients accordingly, one cannot hesitate to accept both as a scientific and a systematic way of treatment.

Ayurvedic medicine as stated in standard Ayurvedic works of Charka and Vagbhatta has all its scientific bearings, the causation, signs, symptoms, diagnosis, prognosis, and treatment, and the diseases are the same as those mentioned in the best works of western scientists.

Surgery.

Going to Surgery, one can at once see that if proper state aid was at the disposal of the workers in Ayurved, the science would have been carried side by side with the western advancements, to its highest pitch. To prove this, one has only to refer to the pages of Sushruta, written years back, and read some of the surgical operations, out of many that are mentioned there. In Chikitsa Sthana Adhyaya 7 of the work, the author describes the operation of Lithotomy for removing stone from the bladder, and one is surprised to see that all the stages described in the operation, closely correspond with the stages described in every standard text book on surgery taught

at present in Government colleges, not even leaving the most minute directions as regards posture of the patient, cleanliness to be observed, fixing of the stone, removing of the nails, and the size, direction and the situation of the cut. Great advancement has been made in this branch in the western science under state aid, and there is no reason why the eastern scientists should not take up what is wanting in them from their western brethren, in a true scientific spirit.

Midwifery and diseases of women and children.

Going to the subject of Midwifery, the signs and symptoms of pregnancy, normal and difficult labours, with disorders of the pregnancy and diseases of women are so well described, and means for their prevention with the care of the infant after birth are so scientifically mentioned that had there been at the time when these works were written the art of printing existing, each word of the verse, which carries when analyzed an extensive meaning, would have been the nucleus of a full chapter in the book.

Hygiene and Bacteriology.

The subject of Hygiene again is mentioned at great length. Not only there is the general hygiene, but personal hygiene as well as full directions for prevention of several diseases occurring in different seasons, are described at great length, which assists one who follows the rules laid down there to lead a very healthy life and guard against several kinds of epidemics. Bacteriology also is a part of the Ayurvedic science mentioned in Vimana Sthana of Charaka, and the author has explained there the germical origin of several diseases occurring as epidemic or endemic.

Medical Chemistry and Pharmacy.

Coming to the other subjects in Ayurvedic science, we have Medical Chemistry where Sharangdhara, Rasa Ratna Sammuchaya, and Rasa Ratnakara take leading part. The chemistry of Ayurved is purely medical, and the several combinations and the ways of preparing different Rasayanas, Bhasmas, Upabhasmas, and other preparations which come across a student of chemistry and pharmacy, are very interesting. Mercury, which was some years back considered to be a poisonous substance by the western scientists, is for a student of Ayurved a special subject of study, and its combinations with sulphur, and its prominence in several compounds which are proved to be most efficacious, show the real value of the drug. Gold was considered to be a substance by western scientists insoluble in the juices of the stomach, and therefore incapable

of assimilation in the body. The same gold, in the form of Suvarna-Bhasma, Raj-Mrigank, Suverna-Parpati, Suvarna-Vasant and Poorna-Chandrodaya Rasa, has been known to work wonders as medicines in Ayurved. These are drugs which are commonly used by Ayurvedic practitioners in diseases like neurasthenia, consumption, sprue, chronic diarrhoea, long continued low fevers, atonic dyspepsia and others. It is worthy of note that western scientists, who only a few years back, laughed at some one prescribing gold, are now giving it as a tonic, blood purifier, and nerve vigorator in the form of Arseno-Aura, Gold chloride, Auri et sodii chloridum and other combinations. Ayurvedic practitioners giving Abhraka Bhasma in tubercular diseases is nothing else but calcium, silicon, magnesium and iron, of which abbraka is composed, and which are generally the ingredients of prescriptions, used by western scientists in such diseases. Further, when we go to the vegetable kingdom, we come across innumerable medical drugs of highest value in medicine, either alone or in various combinations, each preparation having its therapeutic value fully described. Efforts on the part of the government for the government for the purpose of scientific pharmacological research of these drugs to fix their therapeutic value is welcome, though it is noteworthy to find that the results thus arrived at quite correspond with the therapeutic values of the same drugs described in Ayudvedic works, proving beyond doubt that the ways in which the Ayurvedic authors fixed them were quite scientific.

Medical Botany.

Medical Botany is a very important branch of Ayurvedic science. In the western medical teachings the study of botany is abolished. Graduates of the Government medical colleges are unacquainted with the practical study of the source and natural forms of the drugs they use. The study of this branch of Ayurved is very much cultivated, and each Ayurvedic practitioner, before he passes his examination, has to get himself acquainted with the full knowledge of these vegetables in their crude as well as green form.

Anatomy.

A student of Ayurved has to master his Anatomy well. The study of anatomy requires dead bodies for dissection and a proper place to do it. If such dissections are not carried on in Ayurvedic schools, it is not because they do not consider them to be necessary, but because the means and place required for the purpose are not at their disposal. But in the absence

of dissections, the study of the subject is made as substantial as possible by showing to the students actually dissected parts, real organs of the human body, plaster-of-paris anatomical specimens, anatomical atlases and other necessities, till the time when the question of money and place could be solved and convenience for actual dissections could be made.

Materia Medica Therapeutics and Pharmacolgy.

Materia Medica, Therapeutics and Pharmacology again are very vast and important subjects of study for an Ayurvedic student. The pharmacology as mentioned in Ayurved is scientific and ingenious. Several tests are to be applied to the drug in question and particular results of the tests are to determine the particular therapeutic value of the drug. It is worth-while mentioning here that the therapeutic values as described in standard Ayurvedic works, of drugs that are at present used by western scientists have, even after their pharmacological tests, remained unchanged unless the mode of preparation is so altered as to materially affect their active principles.

Physiology and the Theory of Vata, Pitta and Kafa.

And now remains the important subject of Physiology, the healthy functions of different organs of the body. Here not only descriptions of the functions of the organs are given, but the Ayurvedic scientists have gone a little further and propagated the theory of Vatta, Pitta and Kafa, the three humours prevailing in the body. These humours are the result of individually normal and ordinarily sympathetic working of different organs together in a particular person. Predominence is generally taken in an individual by a particular humour, and the symptoms of that humour, in the form of the temperament of that individual, are always manifested in that person. This temperament remains permanent in the person and is generally hereditary. Hence we have families with Vata temperament, Pitta temperament and Kafa temperament as the result of predominence of these particular humours in the members of those families.

Importance of the theory in Ayurvedic practice.

These humours may remain normal or may be abnormally increased or decreased, owing to different circumstances in an individual, and that gives different colours to the diseases by which the individual may be suffering. This explains the existence of certain unexpected symptoms during the course of a disease in a patient. In cases of Pneumonia, some die of delirium, some of heart failure and some of asphyxia. Why? In

the same disease the symptoms at several stages in different patients are not the same. Why? Why should they change? This is scientifically explained by adopting the theory of Vata, Pitta and Kafa. The abnormality of different humours, predominant in different patients at a particular stage of the same disease produces different symptoms in the same stage of the same disease in different patients. This consequently suggests particular changes in the treatment. The Ayurvedic doctor has thus, extra to the treatment of Pneumonia, to add drugs to counteract the effects of the abnormal conditions of the humour predominent in the patient at the time he begins treatment, and has again to make changes in the prescriptions according to the changes in the humour at several stages of the disease. Thus the Ayurvedic treatment can never be empirical. Slightest change in the humour, manifested by the least change in the pulse or symptoms in a particular patient attacked with a particular disease, is an indication for a Vaidya to prescribe appropriate drugs at the time, thus saving the patient from more serious future developments. This, in initial form, is the theory of Vata, Pitta and Kafa, and its importance in the Ayurvedic practice.

A most trustworthy idea of the scientific and systematic, as well as theoretical and practical study and practice of Ayurved can thus be formed; these studies are, according to means at disposal by the bedside of the patient, in an operation theatre, in a lying-in-ward, in bacteriological, anatomical, physiological, pharmaceutical and chemical get-ups, and for medical botany by excursions in jungles and gardens, thus getting the required insight in those subjects. The studies are modernized at the same time, according to the present day requirements, by necessary information of the everyday progress of the medical science in the world.

Ayurvedic practitioners, their prestige, and a most desirable result.

If men with such learnings in Ayurved go out for practice nobody would be justified in lowering them and their science in the estimation of the public. To produce such practitioners, institutions have been established in chief towns of India, not with the least idea of any antagonism against the western system of medicine, but with a bounden duty to supply qualified Ayudvedic aid to those who stick to Ayurved only. In this most dutiful, but at the same time very hard work, encouragement and sympathy of the Government in the way they please to give are earnestly solicited, which, if given, these qualified Ayurvedic practitioners, understanding the full value

of western medical science and its scientists, will form, if their prestige is kept up, a connecting link between the most modern progress of the medical science in the west, and the most orthodox views about it in the east, and while carrying on their useful work honestly and scientifically, will uphold the western medical science with a true scientific spirit and displace the irresponsible quackery going on under the guise of Ayurvedic practice.—Indian Medical Record.

SCOPOLAMINE-MORPHINE AMNESIA IN LABOR

W. R. Livingston, M. D., F. A. C. S., Oxnard, Cal.

This term includes several more or less distinct procedures:

1st. The individualization method of Gauss.

2d. The experimental fixed dosage scheme of Seigel.

3d. The combined dosage, as in the HMC tablet.

In the series now reported, I have used the Gauss method only. In the Seigel method as I observed it at Freiberg, many women seemed too deeply narcotized. I believe this has been the general experience. With the HMC tablet there is a distinct danger from the morphine given late in the labor.

I will not attempt to describe in detail the management of these cases by the Gauss method. It has been often published and is readily accessible. I will confine myself to a consideration of the results obtained as we have observed them. One point of treatment developed asthe result of experience might be mentioned; in cases admitted after hard labor has already begun, or in the presence of initial excitement or fear, we do not hesitate to relax the patient by the use of an inhalation anesthetic. In these cases the amnesic condition is thus more readily and quickly induced, and the labor then proceeds under the injections alone.

Since my return from Freiberg, in September, 1914, I have attended, chiefly in St. John's Hospital, Oxnard, 275 cases of delivery under scopolamine-pantopon amnesia. While I have had no accidents in the cases that were not in the Hospital, none of them has been ideal. The necessary quiet and isolation cannot generally be obtained in private homes. The procedure should, therefore, be considered strictly a hospital method. I am sure, also that even in a hospital, the results will be in direct proportion to the approach to ideal conditions there. For instance, a delivery room in common with other cases will almost preclude successful amnesia.

I believe our good results have been due largely to:

1st. An isolated delivery room, in which the patient remains during the whole period of labor.

2d. The enthusiastic cooperation and unremitting care of the Sisters and of the nurses of St. John's Hospital.

3d. That a nurse, employed for the purpose, has remained in the delivery room throughout the whole of almost every delivery.

Average duration of labor after pains have begun to be regular was ten hours and ten minutes, longest forty-six hours. The average time from the first injection to delivery, seven hours. The longest was twenty-six hours.

It has been our experience that the average duration of labor has not been lengthened. The first stage in primiparae is certainly shortened. Under scopolamine the cervix is soft and the tight cervical ring of the ordinary labor was generally absent. The uterine contractions are not so violent, but the relaxed condition of the cervix causes a decreased resistance to expulsion.

Vaginal examinations were infrequent, and I have no reliable data of the duration of the second stage. Entirely unassisted, it would probably be prolonged. There is an absence of the violent expulsive effort of the ordinary labor There is also a relative absence of resistance from tension of the soft parts of the mother. The presenting part of the child is therefore under the control of the operator to a remarkable degree. Pressure on the fundus, or against the perineum, will stimulate expulsive effort, while a slight pressure on the presenting part will retard progress.

The third stage seemed to be uninfluenced.

There were no cases of postpartum hemorrhage. We are sure, therefore, that with reasonable care this danger is not increased by the procedure. No anesthetized patient should ever be left alone. Under scopolamine the woman is also unconscious, and unable to give notice of hemorrhage. A nurse remains with the patient constantly for two hours following delivery. This precaution, with care in the delivery of the placenta, may explain our freedom from this complication.

The scopolamine used has been the "stable" preparation of La-Roche. The first 200 ampoules, I brought with me from Freiberg. Later quanities have been purchased in New York. I believe the supply now comes from Switzerland. It is with this preparation that the later good results at Freiberg have been obtained. The warning against the use of decomposed solutions has been so repeatedly justified in experimenting

with other preparations. I have noted that in the published reports in this country which condemn the use of scopolamine, other and possibly decomposed, solutions have generally been used. Each ampoule contains 1.2 c.c. of a strength of 1-200 grain to the cubic centimeter. Average number of ampoules used in each of the last 160 cases was 3.37. Greatest number in any one case was eight, in which the amnesia was twenty-six hours' duration.

Narcophen was used in the early cases. When this was no longer obtainable we substituted pantopon. If any difference was noted, it is rather in favor of pantopon. We think the sleep comes a little quicker, and there have been fewer cases of delayed breathing. The latter may, however, be due to better management from increased experience. The greatest amount in any one case was 3½ ampoules. More than one ampoule was used in 16 per cent. of the coses.

Pituitrin was used in 22 per cent.; in all cases with the cervix fully dilated and the head low. Generally 0.5 c.c. was used. Among the mothers there were 54 per cent. primiparae, 46 per cent, multiparae, and fifteen mothers had amnesia twice, while one mother had amnesia three times. The average age was twenty-eight and one-half years; oldest forty-six years.

There was no maternal mortality. Only two are not now alive. One was murdered ten months after delivery, one died eight months after delivery in convulsions from a pyonephritis complicated by mitral regurgitation, both of which long antedated the confinement.

There were no infections of the genital tract or at the site of the injections.

There were no cases of insanity. One case is most interesting.

After each of four previous confinements, the woman had been insane for from one to four months. In two of these confinements I was in attendance. Then followed two twilight deliveries, in neither of which was there any mental disturbance. In November last, in my absence, she was delivered without amnesia, and insanity followed, as it had in the former labors, but to a lesser degree.

Four other cases were especially urged to have the amnesia, because of their marked neurotic disturbances, following former labors, but not to the degree of actual insanity. All of these were carried through under scopolamine amnesia without nervous shock or the recurrence of the nervous symptoms of their previous labors.

In a search of the literature, I have been unable to find any series in which the number of insanity cases following

scopolamine amnesia has been above the normal; yet no other objection has been so persistently urged. Scopolamine amnesia may not be able to prevent **all** cases of insanity, but our experience seems to show that in lessening the shock that trips an unstable nervous system, it saves many who would become insane from ordinary labor.

Forceps were used in 10.5 per cent. in the whole series. Fourteen per cent. in the first 65 cases. Seven per cent. in the last 165 cases. Three times in the last 65 cases.

In the earlier cases a "tenderness" to the savage criticism of that time inclined me to the use of forceps early. The much smaller percentage in the later cases resulted from an increased confidence in the safety of the procedure itself, and, possibly, a somewhat better management from increased experience. The danger from forceps is chiefly in the high and midplane applications. That the number of these cases is reduced in twilight sleep is generally conceded. The woman is not exhausted by the efforts of the first stage, and a reasonable time can be given for the moulding and the descent of the head.

In this connection it is well to remember that a large number of our cases came to us because of some serious complication in former labors. They were willing to brave even the supposed dangers of twilight sleep to avoid a repetition of a past experience. A considerable number gave a history of babies dying during delivery. No one was refused amnesia because of such complications.

The supposed necessity for the increased use of forceps has been one of the frequently urged objections to scopolamine amnesia; yet Gauss reports 7.32 per cent. as the average for Freiberg. As a comparison we find that in 20,000 deliveries in Sloane Hospital, forceps were used in 12.3 per cent., and that in private practice of Cragin (of Sloane), which more nearly includes the type of women who are receiving twilight sleep, forceps were used in 22.6 per cent. This would seem to show that the frequent use of forceps was not from the amnesia **per se**, but from faulty management somewhere.

Complications.—Heart lesions have been noted in five cases, eclampsia in three cases, breech presentations eight, twins once only. I believe none of these to be contraindications.

Dry labors have been frequent. So far as we could judge, labor in these cases was not prolonged. Of late, when for any reason, labor was induced, it was done by a simple puncture of the membranes.

Milk secretion seemed uninfluenced, except that the third day engorgement of the breasts was certainly lessened. The patient usually awakens very hungry. A full diet is given after the first day, and is eaten with a relish. There were no abscesses of the breasts while in the hospital nor in those that remained under our care.

The urine is secreted in increased amount during the sleep. In most cases it was necessary to void the urine at least once during labor. Restlessness in many cases seemed to be caused by the urinary pressure, as the patient would sleep quietly after the bladder had been emptied. We always gave this condition careful attention. Retention of urine after delivery is rare. Only one case required the postpartum use of the caterer. More or less thirst is common and water is freely given during labor.

The softened condition of the cervix, even in primiparae, is one of the surprises of the twilight method. It is rarely that the normal hard cervical ring is present with its resistance to dilation. The dilation is even and because of the comparative lack of rigidity, cervical tears are infrequent and have been noted chiefly in the forceps cases. This must certainly be an important factor in the subsequent well being of these women. We believe perineal tears are also less frequent.

Obstetric emergencies are readily taken care of under scopolamine amnesia. Not only have we been able to do this, but in addition, we frequently perform needed operations for conditions which are in no way related to obstetrics. It is my custom in my general surgery, to produce what is practically a condition of twilight sleep, as a preliminary to the general anesthetic. We are sure that it prevents shock and shortens the convalescence. In two cases, immediately following delivery, perineorrhaphy has been done for the repair of tears of previous labors. Both were successful.

No cases required restraint during labor. The patient of course remembers the first injection and generally the second. In rare cases also the third. The amount of suffering decreases after the first injection of combined pantopon and scopolamine, and the amnesia generally follows after the second injection of scopolamine alone, three-quarters of an hour later. The patient usually lies from choice on one side and the injection is made in whichever loin is uppermost. The site of the injection, is, of course, not important. In most cases, at some time during labor, there has been some restlessness. Evidences of muscular response to the uterine contractions when labor was well advanced, have been present in

most cases. The woman who remains absolutely still in the presence of hard contractions is overdosed. She should react sufficiently to "bear down" somewhat at each contraction. We must remember that the ideal condition is one of amnesia only. In this state there may be a temporary reaction to the contractions but it is promptly forgotten. The woman will obey instructions and will answer questions promptly in a distinct and clear voice. She reacts quickly to noises and the hearing seems even more acute. She is sensitive to bright lights and to noises that the subconsciousness cannot readily explain, or to anything startling or unpleasant. For example, many women, sleeping in the presence of firm uterine contractions, will become restless, or even arouse to consciousness if the covering sheet is removed and the body exposed. Great fear is a disturbing element, as it is also to a lesser degree in inhalation anesthetics. It is because this mental state differs so radically from that of inhalation anesthetics, that many who have not had the opportunity to observe properly managed cases, or who have not been able to command a proper environment, have generally overdosed the patient.

All of our cases were private patients and the majority of superior intelligence. They had all voluntarily applied for treatment, many of them after the most painstaking investigation. They were encouraged by us to see and question as many twilight mothers as possible. Most of them had been alarmed by unfavorable accounts about twilight sleep, and we were careful to overcome all fear thus engendered as much as possible. Our good control of all of our patients was no doubt due to these preliminary measures, measures that are of importance in all surgical work. We observed that the better educated, accustomed as they are to mental discipline, were easiest to control.

The ignorant woman, in a strange environment, who do not understand the object sought, who are attended by physicians unknown to them, as in the ordinary admissions to a general hospital, will no doubt show a larger percentage of delirium and necessity for restraint. That this is true in the administration of any anesthetic is well known. We do not abandon ether because this is true. Why condemn twilight because the same condition may obtain?

Of the fifteen cases we observed in a second amnesia, fourteen required less of the drug than in the first labor. In these cases the element of fear was, of course, eliminated. In from one to three hours after delivery, the woman awakes. If undisturbed, she will doze for another two to four hours. She

then awakes refreshed, and usually very hungry. There is apparently little shock, even after long and hard labors, almost no muscular soreness, and absence of physical and mental depression. Those without complications are usually out of bed on the second or third day. A comparatively complete follow-up system has shown us no reason why this should not be permitted.

All of the conditions which produce shock are present in labor. Crile has shown that scopolamine and morphine, partially, at least, block the brain from receiving these noci-stimuli, and that the inhalation anesthetics do not. I believe this absence of shock, and camparative freedom from post-partum morbidity, will yet be recognized as one of the great, if not the greatest benefit of scopolamine morphine amnesia.

The following conditions were noted with reference to the child:

Seventeen per cent. of all the babies did not cry at once at birth. There were eight cases of asphyxia.

Of those noted in the history as slow to breathe, 60 per cent. had the cord one or more times around the neck; this is too frequent to be a mere coincidence.

Babies do not generally cry as quickly as when no anesthetic is given. That this does no harm is shown by the later vigor of these children. I believe, in fact, that it is a distinct advantage, for they are saved the danger of an attempt to breathe before birth is complete. The asphyxias were probably not more frequent than in ordinary labor. All of the babies noted as slow to breathe are now alive and well. In no cases have we used violent measures of resuscitation and only very rarely artificial respiration. I believe great harm has been done and many lives lost from the use of violent measures in the resuscitation of the delicate new-born. In no other way have I been able to explain the persistent statement that babies have been weakened by scopolamine. May it not be due to ill-advised, damaging violent measures used by an inexperienced and apprehensive operator?

For a baby to be more or less blue at birth may be considered normal. It is nature's stimulus to the respiratory center. In the past it has been disregarded. The use of the term in connection with scopolamine amnesia has confused it in the lay mind with that of an entirely different condition, namely, the patency of the foramen ovale, which the laity has justly learned to fear. That this condition occurs more often in amnesia is not even contended. There was no immediate mor-

tality. One child was still born in the whole series. One child died at eight days.

Three only, in the whole series, have died up to the age of three and one-half years; one at ten months, murdered, one at eleven months, of ileocolitis, one at twenty months ,of spinal meningitis.

The mother of the child stillborn was a primipara, aged forty-six. Ten years before delivery she had had a number of fibroids dissected from the uterus, a ventrosuspension done and some work on the adnexæ. She was toxic throughout the whole of pregnancy, passed large quantities of low specific gravity urine. She was given only a partial amnesia. After fifteen hours the fetal heart-beat was strong, but there was no progress. Forceps were applied, and the head delivered, but the large shoulders prevented delivery for some time. She had had no narcophen for seven hours, and no scopolamine for three hours, before delivery. It is improbable that the child was narcotized and I believe that death was due to mechanical difficulties.

The child dying at eight days was born of a toxic mother in her third labor. Her two other children had died in delivery, neither of these were amnesic. This child was born alive, but persistently vomited all food.

A number of the living children have been premature.

The remarkably low death rate of these children, some of them now three and a half years old, may be due to a number of causes, but at least it would seem to prove that none of these babies was weakened by the amnesia. I may add that in the last Ventura County Better Babies Contest there were seven awards. Twilight babies won in every class in which they were by age eligible.

The ratio of stillbirths in the best institutions is about 5 per cent. In private homes it is much greater. Yet Gauss reports 4111 cases of twilight with a mortality of 1.6 per cent. Polak reports 400 consecutive cases of amnesia without either maternal or infant mortality, and no cases of postpartum hemorrhage. If the large series of Gauss has been equalled in any institution for ordinary deliveries, I have been unable to find the record. This must surely prove that scopolamine amnesia, properly given, cannot of itself be killing babies; but the contrary, that twilight is not only relieving the mother of most of the suffering during labor and avoiding much of the subsequent morbidity, but is actually saving the lives of babies as well.

That there should be any harmful remote result from the

Scopolamine in the child is contrary to our knowledge of the effect of any of the solonaceae. Besides, the experiments of Holzbach have shown that even the minute amount of the drug absorbed by the child is eliminated in the urine within a few hours after birth. It is absurd, and is only mentioned here because certain opponents of the method have, in their need for an objection that could not be easily contraverted, hinted at some vague calamity at some indefinite future period—an astute attempt to play the astounding love of a mother for her offspring, against her natural desire to be spared the awful suffering of childbirth.

The rumor that there is great danger to the child is persistent. To arrive at the truth, I have searched the literature carefully, but have failed to find a single series, large enough to show that the operator had mastered the technic, that showed a much higher mortality for babies than in the non-twilight cases in the same institution. If chloroform or ether should be administered by a few hundred physicians who had never seen an anesthesia, how many would get the calm, unbroken sleep now common in our best clinics? Scopolamine amnesia, a far more subtle seminarcosis, is passing through such a period now, with the additional handicap that the war has prevented many who are anxious to know the truth, from an opportunity for instruction. Yet, nowithstanding all this, no one, so far as I have been able to learn, who has used the Gauss method in a sufficient number of cases to have acquired a reasonable degree of skill, and a reasonable average to his statistics, has actually had a high death rate. Considering the persistence of rumors to the contrary, this is so remarkable as to be almost beyond belief, and means that later records from experienced operators will show a marvelously low mortality.

The following disadvantages may be noted:

1st. Its rather exacting requirements. Its best results will be in properly equipped hospitals. Quiet must be secured. This means a separate delivery room, well isolated either by position or padding; and an attendant skilled in scopolamine amnesia must be in constant attendance on each patient during the whole of the delivery and for two hours subsequently. The expense of personnel and environment will probably be considered too great for charity hospitals, and has been a reason for its abandonment in many institutions.

2d. Attempts at a fixed dosage have been only partly successful. Dosage is still a matter of individualizing the patient. Therefore it is time consuming, because the physician must

be present, or remain within call, throughout the whole amnesia.

3d. It is not generally suited for cases in which delivery is expected within two hours.

The advantages to the mother may be summarized as follows:

1st. Standard cases: (a) Heart lesions are saved the danger of muscular effort and exhaustion. (b) Border-line pelvic contractions are allowed the full test of labor with a minimum of exhaustion.

2d. The mother knows during the whole nine months of pregnancy that her crisis will be practically free from suffering. The comfort of this assurance is enormous.

3d. The cervix dilates with less trauma, and in first labors more rapidly.

4th. Relative infrequency of high forceps.

5th. Absence, or lessened severity, of after-pains.

6th. Breast engorgement less.

7th. Absence of shock postpartum; absence of muscular soreness and exhaustion; convalescence is more rapid.

Advantages for the baby are:

1st. More babies are born alive.

2d. They have a better start in life because of the better mental and physical condition of the mother, and the relative absence in the milk, of the toxines produced by prolonged suffering and physical exertion.

In civilized countries, childbirth is no longer a purely physiological process. The ruthless elimination of the unfit, as it obtains among primitive peoples, have long since ceased. The big brain, with its corresponding big case, and the highly developed nervous system required for success under modern conditions, render childbirth in this type difficult, and the individuals neither mentally nor physically able to bear it well. With scopolamine amnesia individualized to meet the varying indications, we are, in camparative safety, giving these women the highest degree of protection yet developed by obstetric science.

Incidently it is awakening both the profession and the laity to a sense of the proper dignity of obstetrics. Both are demanding better work. To meet successfully the emergencies sure to arise in any large number of deliveries, amnesic or not, will require the highest degree of skill and judgment. To acquire the technic of amnesia is a simple matter, but good results will be obtained only when it is given by men who are skilful surgeons or obstetricians, and who are using it in a proper environment.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1920. Ira Wheeler, M. D., Stockton, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. J. F. Sheedy has moved to 51 Cross Street, Lawrence, Mass.

Dr. E. R. Petskey, Phoenix, Arizona, was in the city for a few days last month. He has a badly infected finger.

Dr. H. Michener, Wichita, Kansas, accompanied by his wife and daughters, is making a visit to California and spending a few weeks in Los Angeles.

Dr. E. P. Bailey, Long Beach, has been commissioned a major, and district inspector for California, in the order of World War Veterans. Dr. Bailey has gone to Chicago for the encampment.

Dr. Wm. Soenneken, Los Angeles after spending several weeks in the Westlake Hospital is recovering his health very rapidly.

Dr. O. C. Welbourn and Dr. Leland Welbourn are spending a vacation at the different mountain resorts in Southern California.

Dr. H. T. Cox, Los Angeles is planning to take his vacation during the months of September and October.

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:: Original Cantributions ::

RAMBLES IN THERAPEUTICS

Herbert T. Webster, M.D., Oakland, Cal.

Read before the California Eclectic Medical Association

Gelsemium red is a preparation I have learned to think very highly of. It fills all the purposes that have ever been expected of the best form of the remedy, if it does not go a little further. Its elegance as a pharmaceutical offering is only surpassed by its promptness and efficiency of action. For quite a number of years during my early practice I reserved gelsemium for the specific indications laid down by Prof. Scudder, and finding them rather far apart in general practice neglected many opportunities for its successful exhibition.

Gradually, however, it dawned upon me that in almost all cases of malarial character where a sedative was required, unless belladonna was eminently indicated, gelsemium was of great value; not simply as a sedative but on account of its appreciable antimalarial quality. In the exacerbations of malarial fevers, whether remittent or intermittent, the specific indication: "bright eyes, contracted pupils, full, bounding pulse," is nearly always in evidence. Convulsions and delirium attending such cases occasionally, especially in southern latitude, find eminent domain for its application. Wherever turgid condition of the general circulatory system occurs in acute cases, this is the first remedy to be thought of.

Gelsemium is a fine remedy in acute pulmonary affections. I have never forgotten the partiality manifested toward it here by old Prof. Saunders, whose medical clinics I attended in Cleveland, during the winter of 1879. If a subject was presented in which an acute or subacute cough occurred,—and these cases were common in that latitude at that time,—the professor would ejaculate the single word "gelsemium," and immediately dismiss the subject for a new case. We all

learned to know what was coming. The professor grew to be dubbed "Old Gel." by "the boys." It is certainly not a remedy to be neglected in acute pulmonary affections.

One particular place for it—and it is the first I think of when encountering a case of asthma—is in acute attacks of that disease. I combine it with minute doses of tartar emetic, and expect to find the patient relieved of dyspnea, and comfortable within an hour or so. Add twenty drops of gelsemium red to four ounces of water, and to this just the least speck of tartar emetic. About as little as can be seen with the naked eye on the point of a penknife will be enough of the latter; for nausea is disagreeable, and is liable to attend careless use of this agent. Tartar emetic is a valuable remedy, but one must not only learn caution in its use, but continue to exercise it all along, for there is no mistake about the potency of its action. Before I became lazy, it was my practice to reduce it to the third decimal attenuation for administration. For several years past the foregoing has been my favorite prescription for temporary relief of severe attacks of asthma. A teaspoonful every half hour two or three times, then every hour as long as any need for it persists, answers requirements.

Since the foregoing was written I have read an article on the treatment of "flu" in Los Angeles, by Dr. H. Ford Scudder, in which the main reliance was gelsemium red. Success was flattering, for a large number of cases were treated (258) with only four deaths, and these were far gone under other treatment before coming into his hands. "Gelsemium red and specific medication all the time," are his closing words.

After the acute stage of asthma has passed what about a remedy for permanent relief? This has been much sought after, but a satisfactory one is seldom found. I have encountered only one that has more than half satisfied my hopes; and it sometimes fails. However, it is one to which I refer with pride, because I have known it to really cure some cases, and it will almost always prolong the intervals between attacks, for months in some inveterate cases, when nothing else proves of much value. I refer to a decoction of fresh eucalyptus leaves. Wherever this tree will flourish the remedy is always to be readily obtained, for it is an evergreen, though there are not many parts of the United States where it may be found. It is plentiful in California. Whether it grows in the Gulf states of the South I am unable to state, though I have seen it in the Madeira Islands, and all around the Mediterranean sea, in Gibraltar, Spain, France, Italy, Al-

giers, Egypt, and in Palestine, on the shores of the sea of Galilee. Whether a decoction of the dried leaves would do as well, or whether a specific medicine made from the fresh leaves would answer, are questions. The oil does not seem to serve the purpose. Tablespoonful doses of a strong decoction repeated every two or four hours as desired, have been very successful in many cases. It can be used in conjunction with the gelsemium and tartar emetic when the attack is on, and afterward alone for prophylactic purposes.

Ancient Eclectics made considerable use of scutellaria; but those of modern days seem to have largely passed it by. The fault with older practitioners was that they drifted into polypharmacy so much that no specific action could be ascribed to any agent. Every dispensation was a composite of half a dozen or more agents, with little clear idea as to which one was to render the prescription successful. The crowning idea was that the greater number of agents employed the more scientific the prescriber. The individual action of the single remedy was not considered.

Antedating this period of shotgun practice, however, a few teachers had recognized the specific action of single remedies. Among these may be named Thatcher, author of the American New Dispensatory, and Morrow, one of the earliest Eclectic teachers. The rank and file of our school, however, drifted into polypharmacy, where there was no such thing as a study of the individual action of drugs. No wonder then that little individuality was ascribed to scutellaria. The usual patron of this agent was the old housewife, who gathered her own herbs and hung them to the garret rafters in reserve for domestic practice when it was not considered worth while to call the doctor. Here scutellaria was employed in decoction, without any very clear idea as to what was expected of it.

Old Eclectic authors lauded it as a cure for chorea, tetanus, hydrophobia, and hyperesthesia generally. We never hear of it now in any such connection. Either our authorities claimed too much for it or else it has been sadly overlooked in modern times.

Scutellaria has one function meriting attention and confidence. I have employed it for years here, and have never felt more certain of favorable result than when prescribing it. Excited palpitation of the heart finds here its most reliable relief. Whether the palpitation be functional or a complication of organic trouble requiring cactus, crataegus, strophanthus, convallaria, or other remedy, concomitant attacks of excited palpitation require the alteration of scutellaria.

In functional disturbance of the kind this remedy alone will suffice. It is almost certain to relieve if no serious reflex is at the foundation. Even then, the remedy is worthy of trial for temporary relief. It is one of the specific remedies which is **specific.**

It might be profitable to turn renewed attention to this old remedy, employed singly, lest it be neglected in the treatment of nervous affections. A perusal of Hale's review of this agent in his New Remedies, largely a reprint from Eclectic authorities, though interspersed with his own comments—is worth while. Hale was an able writer on specific therapeutics, and more of an Eclectic than Homeopathist. Tradition has it that he was originally an Eclectic, but abandoned that school when its therapeutics were degenerating into polypharmacy and allopathic substitution. The therapeutic status of those times, though it was of our own school, would suit none of us now. Hale was really a progressive Eclectic. Professor Scudder was a contemporary of Hale, and the ideas of the two were much in common, though Hale was a seceder. The improved therapeutics of many of our old remedies owe much to Hale. He found scutellaria useful in sleeplessness, night terrors, hysteria, delirium tremens, nervous agitation from pain and exciting emotions, in cerebral irritation in teething children, and infantile intestinal disturbance. Also, he praised it in cardiac irritability, nervous palpitation and hyperesthesia.

While touching on the subject of cardiac therapeutics it might be well to refer to another remedy which has received little notice, and that is calcium fluoride in endocarditis. It is surprising how speedily this agent will interrupt many incipient cases of this kind, and even restore some cases which have become almost chronic. I do not think much can be expected from it in esptic cases, but in that form which frequently develops in children about or before puberty its action is prompt and satisfactory. I use anywhere from the 3x to the 6x trituration, in two-grain doses four times daily. However, the remedy need not be confined to children, for I have known it to do remarkable work in cases of adults.

I have recently read an article by a Kansas physician who cured a bad case of singultus with magnesium phos. and scutellaria. It reminded me of my own experience with magnesium phos. in this affection. In the neighborhood of twenty-five years ago the writer was called in consultation in the case of an old man just emerging from an attack of typhoid fever, where hiccough had developed and threatened a fatal termination. The regular attendant was an experienced Ec-

lectic, who had tried a large range of antispasmodics for a fortnight without benefit, and who had come to the conclusion that he would lose his patient on account of the singultus. Magnesium phos. 3x was recommended, in three-grain doses of the trituration every two hours, and the following day the hiccough was gone, and the patient made a good recovery in due time. A year or so after this I was called in consultation to the northern part of the Sacramento valley in case of an elderly banker who was supposed to be dying with singultus following typhoid, and found the same remedy to prove effective. Those times the Eclectic who recommended the tissue remedies was considered a renegade, who ought to be read out of the ranks; but times seem to have since changed. We have grown more liberal. There is no objection to the use of scutellaria as an alternate, but it is doubtful that it compares with magnesium phos. as an antispasmodic in such cases.

Nearly every Eclectic, sometime in his career, becomes tainted with the mercurial infection in the treatment of syphilis. I confess that I have not been immune from it. Many years ago, realizing that progress was sometimes slow with vegetable agents, and reading the initiatory statements in Homeopathic and old school literature on the subject, I determined to try protoiodide of mercury in attenuation on some of my cases. I tried it enough to decide that the effect was baneful, and that I could not continue such a treatment with a clear conscience, after observing the benefit of vegetable agents through a long course of treatment. I believe mercury will aggravate any case of syphilis, though benefit may seem to sometimes follow its administration. There is always an afterclap. The subject of syphilis who desires to live long and enjoy decent health afterward better keep mercury out of his system. There is no superstition about this.

Soon after my arrival home from the East in the winter of 1917-18, I was called to the home of an old patron to attend a case of secondary syphilis. The subject was a daughter, about twenty years of age; occupation, cash girl in a large department store. I was informed by the mother that the disease was contracted from a toilet seat at the place of occupation. The daughter had told her so, at least, and so let it go at that. The girl was in bed with fever, sore throat and headache; no appetite; debility. The physician called first had diagnosed the case as syphilis. Enlarged and hardened lymphatics and a cutaneous eruption with thinning eyebrows confirmed the diagnosis. The doctor had informed them that

only one remedy would do any good, and that was mercury. The doctor had been discharged, and I was asked to prescribe. Discontinuation of all mercurial treatment was ordered. Mercury internally and by inunction had thus far been used. Now, to a pint bottle add two ounces of specific berberis, half an ounce of specific phytolacca, one dram of specific iris ver., and two ounces of alcohol. Fill with water. Dose, a teaspoonful every four hours. Also, a sedative mixture of aconite and gelsemium in small doses every hour as a temporary measure. Also a talk with the patient to impress her with the seriousness of the case, its necessarily slow progress, and importance of continuance of treatment through a coure of two years at least. In a few days the patient returned to work, and in two months marked improvement was manifest. Appetite was improved, weight was increased, and color returning. Berberis was retained as a sheet anchor. Substitution at times of corydalis, echinacea, and other remedies. Severe muscular pain following cold relieved with rhamnus cal. Other intercurrent remedies as demanded. If she lives to old age she will be ordinarily well and able to resist disease like other people, if she perseveres with treatment until her system is thoroughly renovated.

GERANIUM

Laura E. Rauch, M.D., Long Beach, California

Read before the California Eclectic Medical Association

In acid stomach and sick headache, Ellingwood says, "Geranium is a tonic astringent, with alterative properties. It influences the mucous structures, improving their tone and function, overcoming relaxation, and improving capillary circulation. Specific symptomatology. Where there are relaxed, atonic or enfeebled mucous membranes in the absence of inflammatory action. Theraphy. Subacute and chronic diarrhoea, catarrhal gastritis, incipient gastric cancer, passive hemorrhage, hematuria and night sweats." But nothing about acid stomach or sick headache. I have tried it in both with wonderful results. One morning a pregnant woman came to me with a terrible headache, had had it all night, she wanted to take a headache powder. I gave her two doses of SP. Med. Geranium, ten drops about a half hour apart. First dose head was better; second pain was all gone and did not return.

Another case. Woman has often had sick headaches. Gave her one dose, which cured nausea and headache.

Another case. Blind sick headache ever since she can remember; everything was tried. Other symptoms were modified or stopped at times but the blindness always lasted from a half hour to two or three hours. These spells always start with the blindness. One morning it started and Geranium had not been tried. One dose was given and inside of five minutes the blindness was gone. Three doses were given in two hours with the result of no headache, no nausea or any other symptom occurring. Case has been having about three headaches in four days, but has continued to take Geranium with no headaches in about six weeks. Of course I can not tell how long it will last.

FRANCE ADOPTS AMERICAN CHILD WELFARE METHODS

Notification has been received at American Red Cross headquarters from the officials of the Seine-Inferieure, a section of France embracing approximately 2,000,000 people, that they have taken over and provided for the permanent maintenance of an organization for the protection of mothers and children, installed by the Red Cross last year. Accompanying the official communication expressing France's gratitude to the Red Cross was a gold medal.

With headquarters at Rouen, the Red Cross work among the 40,000 French and Belgian refugee children was inaugurated about a year ago. The emergency organization has now become a permanent one in the prefecture and includes a model clinic for children, prenatal clinic for prospective mothers, dental clinic, school for social service workers, courses for midwives, school teachers and students, maternity hospital capable of eventually accommodating 1,600, school for children accompanying prospective mothers, children's hospital with 100 beds and a model dairy farm that provides fresh milk and other nourishing food for children and mothers.

The success of the Red Cross plan has prompted the city of Rouen to place social workers in all its hospitals, dispensaries, public schools and normal schools, and to provide playgrounds at all the primary schools. Additional dental clinics for the children are also to be established. The numerous requests from other parts of France for infirmation concerning the plan indicate, according to officials of the department, that the system may be adopted with slight modification throughout France.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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VACATION ILLS

As decade succeeds decade life is becoming less strenuous in this country. Less effort is required to provide the necessities of existence, and the people are out to enjoy themselves. Some spend their money on the movies, while others save up their money to go on a vacation. Many do both. That the writer or the reader may not approve is of no consequence as our advice is not desired. Though personally we rather approve of the vacation idea. Many vacationists return rather the worse for wear, but they are the more contented in mind. Their physical ills range from sunburn to typhoid, and the doctor should be ready to alleviate or cure as the necessities demand and the possibilities permit. Therefore it is well to overhaul the stock and have at hand a goodly supply of vacation remedies in a fresh, active state. Diarrhoeas and other digestive disturbances will be common, and skin lesions such as made by poison oak will need attention. In some sections rattlesnakes may be found, and by reason of the scarcity of the usual household remedy for poisonous bites the medical man should be prepared with a substitute. Or-

dinarily substitutes are inferior products but in this case it should be easy to select a superior. Many people will swim in the ocean and a few will be drowned. Many people will hunt in the mountains and a few will be shot. Is the pleasure of thousands a proper compensation for the sacrifice of one? Let the participants decide! The duty of the medical man is to be ready to help.

PREVENTABLE DISEASE GREATEST OF DISASTERS

In the public mind the Red Cross means disaster relief—a great national energy capable of mobilization on almost an hour's notice in time of catastrophe. Previous to 1914 this had meant fire, flood, tornado, and earthquake. The great war, which has brought so many new interpretations and solutions to old problems, has opened up a new field to the Red Cross which reaches far into the future generations, and which offers an opportunity for service in comparison to which the Red Cross war program indicates only an initial step.

The most tragic, and the most costly disaster which has ever faced the United States, or the world, is preventable disease. Like the poor, it is always with us; we have regarded it with a Job-like patience alternating with despair. But we have done little to fight it. With the coming of peace, the Red Cross is joining in a constructive effort to combat slowly, steadily and persistently this uncomprehended disaster until public health organization and education have become universal.

The need for such activity is very great. Forty-eight thousand American soldiers have met "battle-deaths" with the American Expeditionary Forces overseas. Here at home 300,000 babies and young children have died, many of whom might have been saved had they received nursing care and possessed the strength which might have been theirs before birth had their mothers known how to safeguard their own health. The nation's roll of infant mortality is nine times as long as its roll of honor. These soldiers have left a glorious national pride and heritage; these babies mean only that some woman is grieving over a cradle which, perhaps, might not have been empty had she only had the advantage of expert medical and nursing care.

Preventable disease claims many American women. Sixteen thousand mothers die every year in giving birth to babies. Perhaps no group of citizens are more valuable or more necessary to the nation than are these women. Every death means a home broken up, and perhaps one or more children who will

never know what it is to have a "really-truly mother." This is a fundamental loss to the nation as well as to individual and community life.

Contagious diseases reap great harvests of suffering, both on the part of the child and its parents, and often bring serious handicaps to future vitality and strength. Many can think back to the times when they have waited at a sick-room door, facing the realization that if scarlet fever did not take their child's life, it might leave it with defective eyesight or hearing. In spite of antitoxin, diphtheria alone destroyed 15,000 children last year.

The condition of the public health is as grave among adults as among children. The nation loses between 150,000 and 200,000 young men and women in the prime of life from tuberculosis. These deaths, which are a complete loss to the nation, are almost entirely preventable. Five hundred thousand more are perhaps bedridden all the time from this one cause. Venereal disease has become so grave a menace that the Federal Government is launching a nation-wide publicity campaign, through the medium of the motion pictures, to check it. The influenza epidemic has a world casualty list of 6,000,000 people. The greatest war in history has no such record as this.

The fact that this disaster is unnecessarily and largely preventable makes it worth talking about and worth doing something about. In the last two or three decades great discoveries have been made in scientific medicine; discoveries which have made known the causes underlying disease, the channels through which diseases are communicated and spread, and the means of safeguarding these channels and thus checking the spread of disease. Medicine used to be concerned principally in curing individual sick people. It has now taken on a wholly different aspect, concerning itself with great energy in the social significance of disease, and its prevention as well as its cure. The treating of disease has become a social rather than an individual problem.

The whole science of medicine has taken on a new character and has rapidly developed new machinery for putting into practice the new idea of public health. The progress made in the development of public health administration and education means as much to the nation as the development of electricity, the telephone or any other modern invention. Because of this progress, disease is no longer inevitable and uncontrollable. Health has become a purchasable commodity and can be put within the reach of all through organized

effort and widespread education. It is possible to build machinery which will eliminate much sickness and make health the common property of all.

The country has greater natural health advantages than the city, and probably had a lower sickness and death rate some thirty years ago than did the city. With the congestion of city life the menace to the health of city people became so serious that it was necessary to build up administrative machinery for protecting the public health. In the last two or three decades the cities, facing this danger, have taken advantage of the discoveries of scientific medicine and have built up strong protective and preventive health activities. So successful has this application of scientific public-health measures been that the cities have not only overcome their handicap, but now are actually safer places in which to live than is the country. They have met and triumphed over the dangers of congested population, and are now outdistancing even the natural advantages of the country.

It is much more difficult to apply scientific public health procedures in the country than in the cities because of the distances between homes. Public water, sewer and scavenger systems are not feasible in the country. Nor is it easy to provide adequate medical, hospital, nursing and public health facilities. The country, trading on its natural advantages, has lagged behind in joining the modern public health crusade. It is now, however, wide awake to the fact that it has been lagging behind, and that its mortality and morbidity rates are higher than those in the big cities. It has accepted the challenge and is entering the fight, determined not only to overtake the city but to leave it far behind. Our rural people, who constitute more than one-half of the population of the nation, are ready to make a serious study of the health situation in their localities, and to work out for themselves practical applications of the science of public health.

The national government and state boards of health in many states are active in efforts to secure for the country and small towns the advantages that have so long been monopolized by the cities. No plans which the government or the state boards of health may make, however, can achieve full results, unless they meet with the understanding and popular support of the people themselves. In order to secure this understanding and support it is necessary to have in every village and in the country groups of intelligent, active citizens who will be responsible for building up in their communities popular knowledge of local conditions and of cor-

rective measures, and a widespread understanding of the value of health and desire to protect it. If there could be in every village, town and country throughout the nation such an organized group of health promoters the whole problem of rural sanitation and health would soon be solved. This group would not only be the vehicle through which the national government and state agencies could distribute literature and secure a hearing for their plans, but would also be an instrument for pointing out to the state and the government their duties and obligations to the rural communities throughout the country.

The Red Cross has in every hamlet and town just the group that might form this nucleus to study health matters, to help local health authorities, to extend local health work and to support and strengthen the health activities of the state and the government. Many plans, both national and state, are under way for the promotion of public-health work and public-health nursing in the country, but none of these plans meet the whole need or are possible of immediate entire achievement. There still exist great gaps which may be filled only by the efforts of the people themselves. The Red Cross is developing, in its chapters and branches, committees on nursing activities, to act as volunteer health promoters for the very purpose of filling these gaps. In the cities the duties of this committee will be largely to help and strengthen the existing agencies. In the smaller places its duties will be much extended and will often include the organization of the community for health work and in many places the establishment of community or county nursing services. It will have an opportunity to study the problems of rural health work more extensively than they have ever been studied before, and to carry on demonstrations and experiments in rural nursing, which will perhaps solve the difficult problem of providing adequate nursing care for country people. They will have a great opportunity to study and perhaps to work out some of the most difficult problems which are now perplexing students of public health, and their contribution to the development of the vitality and the health of the nation will be very great.

The development of committees on nursing activities in the chapters and branches is under way under the direction of the directors of Nursing and Public Health Nursing in the divisions. It is not being done hastily or en masse, but slowly and carefully after the chapters and branches have had an opportunity to study the whole project, and to arrive at a

preliminary conception of the task they are undertaking. The work these committees are being organized to perform will not be superficial or haphazard, but will be carefully formed, painstaking and thorough-going. They will be provided with information, guides, working plans, suggestions and assistance every step of the way, in order that they may have a ground work of accurate knowledge on which to build their efforts to improve local health conditions. A strong staff of advisers is being built up in the divisions, whose entire time will be given to helping the committees with this work. No effort will be made, however, to develop country work according to city patterns. Instead every effort will be made to work out entirely new patterns for rural and small town health activities, and the people themselves will help to make these patterns.

While the committee on nursing activities are getting under way with their studies and plans the first group of public health nurses to undertake the technical part of their work is being prepared in various post-graduate schools. The demand for public-health nurses so far outruns the supply that every effort must be concentrated for the next few months in preparing far greater numbers of them. Many are at present making preparation, and will be ready for some of the chapters and branches in the fall. Many more are entering the fall classes and will be ready by mid-winter. Many of the chapters and branches are helping to interest graduate nurses in public-health nursing, and are making it possible for them to get this necessary additional preparation through chapter scholarships, or by recommending them for national scholarships.

The intervening months, however, before the committees on nursing activities can develop a community nursing service are by no means lost time. There is much for each committee to do in making a careful study of the local situation, determining the best plans for the development of health work, and building up understanding of, and support for, the work of the community nurse. A wide-awake, active committee can do very much towards preparing the ground while waiting for the appointment of a public-health nurse. Her activities will be far more productive if this preparation is made before she arrives. Efforts for the next few months, therefore, will be directed toward getting all of this preliminary study and work started.

Reports are coming in from the divisions that many chapters have already organized their committees on nursing

activities and are anxious to undertake this very scheme of study and preparation before inaugurating a nursing service. This report is typical of many being sent in by the division directors of Public Health Nursing. "Here I found a very wide-awake committee on nursing activities, well organized, seeking information, anxious to study the whole proposition from all angles and preferring to wait until a very competent public health nurse can be secured."

Careful plans are being laid at headquarters for the inauguration of what might be called an extension course for the committee on nursing activities, which will acquaint them with the field of public health, its administration management, and relation to community welfare, and will prepare them to become intelligent health promoters in their own communities.—Red Cross Bulletin.

A WORD CONCERNING THE MINORITY

John Uri Lloyd, Cincinnati, Ohio

Read before the Ohio State Eclectic Medical Association,

May 10, 1899

The word minority to some men brings an unpleasant sensation. Many persons consider it painful to be one among the few, in contra-distinction to being a member of the dominant party. I know full well, too, that there is a reason for this dislike of a minority position whether it be political, social or fraternal, and as my place has been more often in the ranks of the minority than of the majority, I may in consequence consistently express an opinion concerning the subject.

To begin with, let it be admitted that the talented man desiring adulation or popularity has greater opportunities in the ranks of the majority. Let it also be granted that the man of mediocre attainments or of a weak mentality is best cared for by the numbers that go to make up the majority. And, it must also be conceded that the unscrupulous person finds in the majority a field to ply his abilities of self-aggrandizement or of self-conspicuity that would not be at his command in the minority. In this connection, it may also be said that in a purely commercial sense a business man makes a great mistake if he becomes identified with a minority section if his business is of such a nature as to be then done only with the persons concerned and consequently restricted to the few instead of the many. That this is true is seen in the

way some gifted but very selfish men desert a defeated cause or an unfortunate friend, and in the manner in which a greater number of weak brethren flock to the side of the numerically strong as well as in the commercial ostracism that is shown a man who becomes identified with a minority section. But, while the majority must rule in affairs it does not necessarily follow that this cause is the right one or the principles advocated are the just ones. It has been said that "treason never lives," for if successful it is known thereafter as a struggle for liberty and by reason of its success ceases to be treason. So with the issues advocated by the minority; a new principle of government, an issue against existing conditions may be advocated by a few persons and then be heresy, augmenting numbers multiply until the minority becomes a majority and then it is no longer odious. But it does not follow that augmenting numbers are indicative of right of principle, nor on the other hand does it follow that a minority that remains a minority forever is in the wrong. As a rule, I believe minority parties advocate reforms that are desirable, and while the men who begin a reform movement may often be impractical enthusiasts or visionary reformers, still, as a rule their aims are either towards better conditions or the elimination of error. It is not rare for the leaders of the majority to perceive the strength of the principles advocated by the minority and by artfully seizing the same to apply them to their own use, thus robbing the originators of their rightful property. But this makes no real difference, a principle established does its good work. Occasionally, as has been said, the minority comes into power and in that lies their danger, for, power brings to itself flocks of ambitious men who desire to be with the numerically great either for self-protection, because of their ambition. Thus, since "absolute power in human hands is always abused," the wrongs wrought by the arrogant majority become the outcome of the work of the minority when a minority party creeps into popularity and finally reaches a position that enables it to become dogmatic. Then it is that a demand springs up for another minority, for then it is that designing men artfully manage to gain control of the organization and to brush away the efforts of the men of principle who establish the good work on whose name and work the intruder lives.

I have said that I have found myself more often in the ranks of the minority than in those of the majority. To this might be added the fact that when the minority to which I have belonged has by chance become a majority, I have yet to find the same enthusiastic strife after higher things. There seems

always to be a relinquishment of effort, a failure to progress, a lowering of ethical principles when the minority comes into power. To an extent this may be accounted for by the retirement of the wheel horses, who, finding their principles successful and having accomplished their mission, as they believe, voluntarily withdraw from active part in affairs. It is also partly because of the enforced withdrawal of others who find little recognition from the newcomers who give no credit to their predecessors but step in and take to themselves the honors that prosperity now makes easy, but who would not be in the ranks were it not for the prosperity that has come through the efforts of others.

Having made these general remarks I shall pass from a review of my experience in fraternal and political minorities to the minority school in medicine with which I have been earnestly and zealously connected for the third of a century. The Eclectic School is a minority school and this fact relieves us of the presence of many selfishly ambitious men who always seek the majority for the personal power they can obtain through its strength; and also of weak men who need to be cared for by reason of the power that results from numbers. No man seeks a minority section for either of these objects and by reason of this fact we are favored and I believe the regular school in medicine is correspondingly unfortunate. The work of our school has not been understood as well as it should have been, partly a fault of our own because we have been content to work among ourselves, partly because the regular school in medicine has been of the opinion that we are illiterate and destitute of principle, and believing this, accept that we are all possessed of no good qualities. That they have been so long of this view seems to me not to speak well for the position they believe themselves to occupy and which they desire to have established in science, for the scientific man is a searcher after facts wherever they are found, and not given to prejudice. Had the regular school searched fairly in our direction I believe they would have found their error long ago. But, the fault is, in part, our own, for we have been indifferent to the opinions of outsiders, and, knowing the erroneous views of these gentlemen, have yet made little attempt to undeceive them. Knowing, too, that we are a minority section in medicine, and realizing the richness of our materia medica and the effectiveness of our practice when we confine ourselves to it, we have been content to go on in our own way and consequently have been considered as charlatans by many conscientious men of the regular school.

As a minority we have been content in the belief and the hope that we are doing a great and good work, are benefiting mankind and are adding to the richness of the materia medica of the world. I can say truthfully that my close connection with the honored leaders of our school, now most of them numbered among the departed, has led me to appreciate them the more for the very fact that they were cotnent in their minority position while giving ever freely to the majority that abused them unmercifully. As a member of the Eclectic School in medicine, I have naturally met my share of mistreatment, misunderstanding and often of personal abuse and bitter business antagonism, but I feel today as I have felt always, that such things are to be expected if one holds opinions that are not elaborated by the men who lead the majority. Knowing these things and fairly understanding human nature, I hold no ill will against the persons who are led by their surroundings to consider us all as destitute of education; nor yet against their leaders, who promulgate the ethics which demand that the minority in medicine, regardless of attainment, be classed as charlatans. I realize that such rulings and conditions are to be expected, and knowing that the majority of the members in the regular school are innocent of wrong in that they believe firmly that we are illiterate, I see no reason to disturb myself or feel harsh towards them. Neither do I consider it necessary to become vicious in order to undeceive them, nor would I in an unfriendly spirit go one step out of the way to stir up personalities. Our professional family is not a large one, but we are contented. Can a majority say more Our works are being used to help mankind and our discoveries creep gradually into the fold of the majority. What matter is it to us whether the ethics they have inherited from the past will not permit them to meet us as brother workers or to give us credit for our discoveries and researches if in the end humanity receives the result? As a member of the minority school in medicine, ambitious in her behalf and deeply concerned in the elevation of medicine generally, I say in all earnestness, that except a few misunderstandings that may be expected to occur under any condition, my experience in this school is one of perfect contentment, both concerning the works of others and of myself. I see no cause for disturbance or alarm over our future unless it be in unexpected aggradizement or in relinquishment of our energy in the direction of scientific study and investigation. As long as we move onward in the course our fathers mapped, as long as we continue harmonious and contented, working

towards the good of humanity, I can see no objection to the minority position we occupy. But, to become a section of the majority, or to become, by growth, the majority, would in my opinion be the beginning of the end of our progressive work. Our mission would soon terminate in turmoil and confusion, and the advent of a few ambitious men and of a multitude of weak parasites would end our onward movement in American medicinal plant investigation, the field that for seventy-five years we have been persistently developing. Opposition and oppression, either personal, professional or in business, have for me no concern. I fear more the effects of prosperity, for as has been said, prosperity too often brings disaster to the cause that gives strength to the minority. The danger to Eclecticism lies not in the attacks of rival schools of medicine; this history proves, and I say in all earnestness, that my personal experience as a member of the minority which, as is well known, restricts my business and narrows my commercial efforts, leads me not only to be content among old friends, but to view with apprehension all attempts to make ourselves popular at the expense of the principles and methods that have governed us heretofore.

MEDICINE AS PRACTICED BY THE CHINESE

Charles W. Service, B.A., M.D., West China

Strictly speaking, there is no medical profession in China. Medical practice is open to all. There are no medical colleges, no curricula, no examinations, no diplomas. It is generally hereditary. Quacks and amateur doctors abound and prey on the gullibility of the Chinese.

When a man intends to become a doctor he studies the works of the famous men of remote times. Such books are numerous, and the fact that they are ancient is one of their chief recommendations. The Chinese have no faith in original or modern discoveries, for "men's bodies are just the same as in ancient times."

Although the Chinese practitioners receive no systematic training, they have some empirical knowledge of certain remedies. They know practically nothing of surgery, or of body structure and functions. They are generally ignorant, superstitious and prejudiced. While admitting that Western surgery is superior, the Chinese have not an equally high opinion of our medical treatment, except in those diseases for which it is known that we have specific remedies. This is not all due to national prejudice. They do not all admit that, structurally and physiologically, they are exactly like us, hence they believe that the native doctor better understands them when ill.

Chinese conceptions of anatomy and physiology are very crude. There is no study of human anatomy. There are twelve organs, including the brain and eleven viscera. Each has a canal communicating with the others. Six carry **yang** and six carry **yin.** Life and health depend on the equilibrium of these two principles. **Yang** is the male, warm and active principle, and causes excitation. **Yin** is the female, moist and passive principle, and causes depression. These two forces spread through the whole organism by means of gases and blood. The blood circulates once every half-hour, and is set in motion by the lungs. By the interaction of gases and blood the pulse is caused. Men with small "galls" are amiable; men with large "galls" are daring and fierce.

Methods of diagnosis are interesting. Special attention is given to the pulse. The pulses of both wrists must be felt for ten or more minutes. The doctor uses three fingers, by means of which he is able to differentiate fifty-one varieties of pulse, each of which indicates some special condition. Even the stage of gestation may be diagnosed by the pulse.

At fixed hours of each day the blood moves with precise regularity into one of the body chambers, e. g., into the heart at noon. Thus boxers and pugilists are especially fearful of being struck over the heart. The facies and nose indicate the state of the lungs. Thirty-six symptoms may be diagnosed from the tongue.

Elements of nature are complicating factors in disease. These are in pairs of opposites, e. g., hot and cold; dry and moist.

Drug action is thus classified: Emanating, thrusting through, invigorating, purging, puckery, slippery, dry, wet, cold, hot, warm and expulsive. Drugs used in treatment must be of a nature opposite to the disease. Therefore, great caution is required in prescribing. For instance, heating drugs and foods must be given in "cool" diseases.

The qualities ascribed to different diets are very important. For instance, in fever, milk, chicken, eggs and meat broths are contra-indicated because they are heating, but uncooked pear (because it cools the heart and moistens and nourishes lungs and liver) is a favorite remedy. Now, the Chinese pear is of the texture of a raw potato, and never gets soft.

Cold baths are generally objected to. Weak patients often object to bathing and shaving. Hypodermics are seldom objected to, as the Chinese doctors do so much "needling." Enemas are considered very exhausting, but this fear is removed by a hypodermic, even of water. They frequently object to the "knife." In cases of an abscess, etc., they want something to dissolve the pus or to hasten spontaneous opening.

Here are a few of the Chinese ideas about etiology: Anemia may be due to drinking cold water, even several years previously, or to getting soaked in a heavy rain. A **cash** swallowed years previously may cause pain in the stomach. Epilepsy is due to a dog biting at one's shadow. Malaria is sent by heaven as a scourge. Tetanus neonatorum is caused by demons, and this belief results in some terrible practices, such as tearing the infant's gums with needles. Dampness causes constipation and gonorrhea.

As to treatment, only a few points can be noted. Superstition, magic and astrology play some part. Charms are used. Women, especially, believe the idols will restore health or given children on payment of sums of money and performance of certain rites. Plants and herbs are much used, also dried grasshopper and shells of the cicada. Tiger bones are given in debility. Often prescriptions are given because of

the resemblance of the drug to the organ affected, e. g., the kidney bean in renal disease, and saffron in jaundice. Plasters, blisters, cupping and actual cautery are much used. Needling may be done in 388 spots of the body.

The Chinese have profound faith in doctors and a capacity for taking huge doses of disgusting concoctions. China is a signal instance of the great power of nature to keep a people tolerably well not only without trained medical men, but in spite of the crudest treatment which ever hurried men to their graves.—Pharmacal Advance.

INSURANCE AGAINST LABOR SHORTAGE

With industry slowed down and the Army and Navy releasing 10,000 men or more daily, there is a surplus of labor in the United States at present. Yet there has never been a time when wise employers have felt the necessity more keenly of insuring themselves against an immediate and threatening labor shortage.

The reason for this imminent shortage is to be found in the falling off of immigration during the past five years. For the seven years preceding 1915, immigration into the United States averaged one million a year. In the period since 1915, the average has been more nearly 150,000 a year. When it is considered to what extent the United States is dependent upon immigration for its labor supply, a simple arithmetical calculation will show that an acute labor shortage is due very quickly —as soon, in fact, as industry has been restored to normal pre-war conditions.

For this reason Colonel Arthur Woods, assistant to the Secretary of War, whose duty it is to correlate the nation's efforts to find work for discharged service men, recently issued a warning to employers urging them to insure themselves against labor shortage by taking on ex-soldiers and sailors at the present time. "By this means," says Colonel Woods, "employers will help solve the problem of re-absorbing the army and navy, and at the same time will insure themselves against the serious shortage of labor which threatens the American market."

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago July 17, 1919. Finley Ellingwood, M.D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May,

1920. Ira Wheeler, M.D., Stockton, Cal., President; H. T. Cox, M.D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. J. P. Harvill of Nashville, Tennessee, spent a short time in Los Angeles last month, visiting his son.

Dr. S. H. Savage, Lancaster, was in the city for a few days last month, on professional business.

Died: Dr. J. F. Price, Barstow, died at the Westlake Hospital, July 9, 1919, following an operation for Hypernephroma of the kidney.

Dr. John Buckingham has changed his address in Los Angeles to 2311½ South Vermont Avenue.

Dr. W. F. Holman, Los Angeles, plans to drive to Seattle for a vacation.

Dr. A. A. Guglieri, San Francisco, has changed his address to 942 South Second Street, San Jose, California.

The California State Civil Service Commission announces an examination for assistant physicians and internes for the State Hospitals for the Insane on August 30th, 1919. They are anxious to fill these positions from California applicants instead of sending outside the state for physicians.

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:: Original Contributions ::

SPINAL ANESTHESIA IN OBSTETRICS

H. Theodore Cooke, M. D., Los Angeles

Read before the California Eclectic Medical Society

To the expectant mother this is certainly a boon and good news of the first order. Especially is it of benefit to the young girl or woman bearing her first child, where the tissues that need to relax are resistant. It is also a time-saver for the physician, who does not relish confinement cases from midnight to dawn when he has a full day ahead of him. It is also an aid to better and more satisfactory obstetrics. Perhaps it will be well to explain to some extent the action of spinal anesthesia, and what is to be expected of it in obstetrics. At full term uterine contractions in labor are exerted on the contents of the uterus with the idea of emptying the uterus. This needs the dilatation of the cervix by the presenting part. Up to this time, the uterus has been held airtight by the contracted cervix. Now the combination of the contracting fundus forcing the presenting part through the resistant cervix, and the stretching of the perineum is what causes most of the pain in childbirth. Labor pains without satisfactory dilatation and advance of the presenting part are conditions making childbirth to be dreaded, especially if there is any abnormality or disproportion in the pelvic measurements. Difficult labor may also be due to a malposition or faulty posture of the child or presenting part itself. This frequently results in exhaustion of the mother, or in uterine inertia, although this latter condition is more often seen in multipara. However, the protracted labor and pain are there. Now here is where spinal anesthesia comes to the aid of the obstetrician by taking away the pain sense, thus doing away with the protective spasm of the tissues surrounding the vagina and composing the perineum, and allowing dilatation of the cervix to take

place more rapidly, making better use of each labor spasm or contraction of fundus and abdominal muscles.

It should be mentioned in this connection that spinal injection can be so controlled that it will take away the pain in dilatation and stretching of the perineal tissues, and still there will be uterine contractions for the reason that the fundus has a different innervation from the cervix.

In carrying the child for nine months the cervix was in a constant state of tonic contraction, and the fundus was dilating with the increasing size of the foetus.

Now conditions are reversed in labor.

The fundus is in a state of contraction, reinforced by the abdominal muscles, and the cervix is forced to relax as the presenting part dilates it, and the child is pushed through it and the vagina.

By taking advantage of this fact we can aid the cervix to relax more readily, while the fundus is contracting, and by taking away the pain of stretching of the perineum, we get all the relaxation there possible, as the nerve control has been abolished by the spinal anesthetic, and our baby is born with much less effort, saving much time, and without wearing out the mother's strength and endurance.

Labor can progress because the anesthetic, if properly given, does not interfere with the action of the fundus, or abdominal muscles (which represent the "powers of labor").

The dilation or relaxation of the cervix and perineum goes quietly on, whether there are uterine contractions regularly or not; in fact, in less than a minute after spinal injection the pain of dilation is taken away, and the patient usually rests or may fall asleep for ten or fifteen minutes, especially if she was in severe pain before the spinal anesthesia was given.

Later the fundus contracts, aided by the abdominal muscles, and satisfactory descent of the presenting part occurs, and it is not long before our baby is born.

There is not as much need for instrumental interference with spinal anesthesia, as in the ordinary birth, unless there are mechanical difficulties such as a disproportion of the child to the birth canal, etc.

The baby has not been touched by the anesthetic, because you have only influenced the nerves of pain-sense in the mother. And spinal babies always cry as soon as born, which is such a welcome sound to the doctor, because that means that he does not have to spend time to get baby to breathe, but can devote his time to tying the cord or in attention to mother or placenta.

So that by this method it is as painless and conscious a childbirth as well can be:

(1) **Painless,** because the dilating tissues have been desensitized by the spinal anesthesia.

(2) It is **conscious,** because no general anesthesia has been given, and the patient can talk to her doctor without asking him constantly to do something to relieve her awful suffering.

(a) When you give the mother a general anesthetic, both the mother and the baby are unconscious, and instruments have to be used.

(b) When "twilight sleep" is used it also affects the baby through the circulation of the mother through the placenta and umbilical cord, and frequently the child is unconscious from the morphine, or asphyxiated, and you have a job of resuscitation on your hands besides attention to the mother.

(c) Nitrous oxide and oxygen do not aid the dilation of the parts, and do not shorten the time of labor, although it does aid in dulling the sharper pains, but as it is a general anesthetic, you cannot put your patient to sleep or she cannot work, and if she does not work there is no advance of the presenting part.

So, consequently, these three methods are far from satisfactory.

In recapitulation, I would say for the "Painless Conscious Childbirth" method through the agency of spinal anesthesia:

(1) That the second stage of labor can be usually shortened three-fourths.

(2) The cervix having the nerves controlling it inhibited, it relaxes readily.

(3) That the baby is not affected at all, and cries at once, and is not cyanotic, nor does it have to be resuscitated.

(4) The mother is quiet, not so nervous and not so worn out.

(5) There is less danger of tearing the perineum.

(6) Sutures, if necessary, can be placed at once without pain.

(7) If operative procedures or instruments are necessary, there is no pain.

(8) In case of eclampsia, spinal anesthesia lowers blood pressure, and while the needle is in the spinal canal you can relieve the pressure in the cord by removal of a few cubic centimeters of fluid, and then add your anesthetic, which acts in less than a minute, and aids in dilation of the cervix, takes away the pain of the perineum, and allows you to empty the uterus quicker than by any other known method, which may

mean precious minutes to the life of the mother or child in eclampsia cases.

(9) If you have obstetrical cases complicated with heart, lung or kidney pathology, spinal anesthesia is the choice, because it is easier on the patient and has less detrimental after effects than other anesthetics.

"Painless Conscious Childbirth" by means of spinal anesthesia is the last word in up-to-date obstetrics, and is worthy of your serious attention in the interests of humanity and the babies that are yet to be born, and for the comfort and relief of the women who are expected to bear them.

I thank you for your time and attention.

LOCAL ANESTHESIA IN SURGERY

E. C. Bond, M. D., Hanford, Cal.

Read before the California State Eclectic Medical Society

In the short paper that I wish to present I have selected for my subject, Local Anesthesia in Surgery, and I will confine myself almost entirely to the use of cocain, for it is with this remedy that I have by far the best success.

There have been many remedies produced in recent years and recommended for use as local anesthetics, but in my hand the majority have proved very unsatisfactory.

I first want to call attention to the need of care in the use of cocain and its derivatives. It is seldom necessary to use more than one-half to two-thirds of a grain for an ordinary operation.

Analgesia sufficient for the removal of Aural Polypi can usually be secured by the use of a 5 per cent solution on a pledget of cotton in contact with the parts for five minutes. For slight operations in the pharynx or larynx a 10 per cent solution can be sprayed into the throat, waiting two or three minutes, repeating until analgesia is secured, but not more than one and one-half grains should be used in this way. Where it is intended to cauterize or currett infected ulcers, the mucous membrane may first be rendered partially insensitive by insufflation, and then, if desired, Bonain's Fluid, consisting of cocain, menthol and phenol in equal parts, applied by an applicator.

For use in removal of tonsils I use a spray of 5 per cent solution in the throat, wait about three minutes until enough results are obtained to prevent gagging, then inject the anterior and posterior pillars, being very careful to inject well

down near the base of the tongue, for it is here that the most pain is found if the parts are not well anesthized.

I use about one grain to the ounce, using not more than one-third or one-half an ounce for both tonsils.

I add to one-half ounce, twenty drops of Adrenalin Chloride and about one drachm of Listerine, or a like preparation, and if care is exercised in making the injections it is very seldom that we have any pain at all, there is no bleeding and I very seldom have any trouble with sloughing.

I have never had any trouble from poisoning and do not think that I will have if I continue to use so small an amount of the drug.

For all adults and children above twelve years we do all our tonsil work with local anesthesia, unless the patient is very nervous, and then sometimes it is necessary to resort to general anesthesia. In operations upon the rectum we need to exercise special care, as there seems to be greater danger of poisoning in this part than in any part of the body.

However, it is not necessary to use more than a 0.1 to a 0.5 per cent solution in order to secure perfect results, if the parts are properly injected. When it is desired to dilate the sphincter, the needle is introduced about one-half inch posterior to the anus, and the fluid injected, keeping about this distance from the orifice, a U-shaped wheel is infiltrated.

If this is properly done it is possible to secure painless dilatation. The rectal operations most frequently performed under local anesthesia are for Hemorrhoids, Fissure, Perineal Abscess and Fistula.

The ydrochloride of quinine and Urea as well as Eucain are frequently used for local anesthesia in rectal work, but have never given me as good results as have a weak solution of Cocain.

A very sharp needle of as fine a caliber as possible should be used for the injection of Cocaine. If this is done and the needle is introduced through the skin with a very quick thrust, very little, if any, pain will be experienced.

The secret of success in ordinary local anesthesia for large operations lies in waiting for fifteen minutes at least before commencing.

Local anesthetization of the pudic nerve, as suggested by Ilmer, is found very satisfactory, enabling suture of tears in the perineum, application of forceps and extraction of the foetus, even in primiparae, without pain, besides various gynecologic operations.

A considerable amount of anesthetic fluid is injected around the nerve in different directions and at various depths, thus encircling the nerve and its branches, near the Ischiorectal Fossa.

The spine of the Ischium is inside of the great Sacrosciatic Foramen, through which the nerve emerges, and is useful in locating it. The injection is best made along the stretch of the nerve between the Ischiorectal Fossa and the lesser Sacrosciatic Foramen. The point of injection is readily marked with the thumb of the palpating hand, to the side of the Anus, about the middle of the inward slope of the Tuberosity of the Ischium, while the middle finger in the vagina locates the spine and the index finger controls the progress of the needle. The control can also be made by a finger in the rectum.

There are certain operations in which a general anesthetic is distinctly contraindicated, regardless of the heart and kidneys. One is in Pleural Empyema; here a general anesthetic is given in nearly all cases, and much damage is usually done by the uncontrollable coughing as the patient is recovering from the anesthetic. With local anesthesia this can be obviated.

The technic is as follows:

Locate the point of entrance, usually the eighth rib in the auxiliary line; make a whale upon this rib at each end of the proposed incision and inject the interspaces above and below; wait about ten minutes and cut down to the periosteum. Now take a curved needle and slip it under the lower border of the rib and inject into or close around the nerve itself, and into the space between the rib and the Parietal Pleura. Wait ten minutes for this to take effect. The incise the Periosteum along the middle of the rib and raise it up on both of its surfaces with appropriate periosteotomes. Place the rib-cutting forceps as usual and remove the entire rib for one and one-half inches.

One can now open into the Pleura at once and either drain it rapidly or more slowly with a syringe or needle.

In carrying out the infiltration a small area on the skin near the field of operation is sprayed with Ethyl Chloride, and when it is insensitive to pain, cocaine solution is injected intradermally with a long and very fine hypodermic needle held almost parallel to the skin. At this point a wheal or lump at once arises, which may be made as much as one-half inch in diameter, and which is absolutely without sensation.

The point of the needle is now pushed farther under the

skin through the area of insensibility, and a few drops again injected. Another wheal rises close to the first.

By extending these injections farther and farther around the field of operation, reinserting only after its entire length has passed under the surface, the whole area is infiltrated.

The anesthesia is immediate and generally lasts about one-half hour. O. S. Fowler states, however, that by forming a double row of wheals, and incising between them, the skin will remain well anesthized for an hour or longer.

The injection must be made into healthy skin; otherwise, sloughing may follow.

The subcutaneous tissues, fascia, and tissues still deeper in, are similarly infiltrated.

FRAUDULENT "CURES" FOR VENEREAL DISEASES SEIZED

U. S. Department of Agriculture

By order of the Federal Courts more than 450 seizures have been made recently in different parts of the United States of so-called cures for venereal diseases. They were made on information furnished by officials of the United States Department of Agriculture through its Bureau of Chemistry. A campaign to end the false labeling of such preparations is being conducted by the officials charged with enforcing the Federal Food and Drugs Act.

The goods seized include a great variety of compounds. Some of the labels bear the claim of the manufacturer that the contents are sure cures for venereal diseases. Some even contain statements that cures will be effected within definite periods, varying from three days to a few weeks. In others indirect statements, suggestive names or deceptive devices are craftily used to make it appear that the use of the preparation will be followed by a cure of the disease.

In all the seizure actions the Government alleged the preparations to be falsely and fraudulently labeled, because the ingredients could not produce the results claimed on the labels.

The officials state that such preparations are sold largely because of plausible but false claims regarding their curative effect. Many sufferers with dangerous contagious venereal diseases are led to believe that cures will be effected by these preparations, and adequate treatment under competent medical supervision is neglected until permanent injury to health and even danger to life has resulted. Thus is created one of

the greatest obstacles to the proper control and eradication by health officials of venereal diseases. In many instances had such sufferers secured competent advice, early and complete cures might have been effected

Self-treatment with worthless concoctions causes not only continued suffering but sometimes permanent injury to the unfortunate victims and makes of them a menace to the public health because of the extreme danger of others contracting the disease from them.

Action under the Federal Food and Drugs Act in reference to venereal disease preparations coming under its jurisdiction and sold under proprietary names is limited by the terms of the act largely to the prevention of false or fraudulent labeling. The act does not prevent the sale of any mixture as medicine, however worthless it may be, if there is directly or indirectly no false or fraudulent labeling. The officials in charge of the enforcement of the act are of the opinion, however, that by causing the elimination of false labeling, upon which the sale of such preparations largely depends, the evils and dangers resulting from their indiscriminate use can be greatly checked, and substantial aid rendered to public health officials.

HOT WEATHER AND BABIES

Although mothers generally know that summer is a dangerous time for young infants many do not understand that the heat by itself is one of the chief sources of danger. So much has been said about the care of the milk in hot weather, and about the role played by flies in the transmission of diarrhoeal disease that frequently insufficient attention is paid to keeping the infant cool.

The infant's clothing should always be adapted to the weather. On very hot days the less clothing the better. Usually a diaper and a light slip will answer. The practice of using rubber diapers should be discouraged for these retain heat and moisture and readily cause trouble.

Frequent bathing is excellent. When tepid water is used it not only cleans the skin of offensive and irritating perspiration, but cools the body and improves its tone.

Overfeeding should be avoided. Experience has shown that excessive hot weather reduces the tolerance for foods. The mistake is often made of relieving the infant's thirst by excessive quantities of milk. Mothers should remember that in hot weather infants require water to drink in addition to their milk feeding.

Out of doors in the shade is usually the best place for

infants in hot weather. But care should be taken in the choice of places, and at times it may be that the infant can be made more comfortable in a room with the blinds closed.

For those who can afford it, a small electric fan may prove a life saver for the baby. The beneficial influence of keeping the air in motion is well established.

Although always important, scrupulous cleanliness in caring for infants is absolutely imperative in hot weather. Diapers should be changed promptly. Soiled diapers should always be boiled and thoroughly washed before being used again. It is important not to allow the baby's skin to become irritated and infected from delay and carelessness in changing diapers. A few minutes spent in sponging and then carefully drying may save much trouble and anxiety.

Breast feeding is still one of the most important preventive measures against summer diarrhœa, and all mothers should be impressed with this responsibility to their little ones.—From U. S. Public Health Service.

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THE SUCCESSFUL DOCTOR

It seems to the writer that the chief ambition of the average individual is the accumulation of material wealth. Some there be who succeed in this quest but of these very few are satisfied with the size of their pile. Contentment of mind is not necessarily—yea, is not usually a part thereof. It therefore follows that such a man has not made a real success of his life, and eventually this fact will be generally recognized. This sort of a failure is not likely to embitter the Doctor because it is conceded by all the people that the practice of medicine is somewhat of a philanthropic affair. By virtue of his calling it is practically impossible for him to accumulate much wealth; a fact so long recognized that the youth selecting a vocation which offers a promise of wealth does not give our profession a passing notice. Any man to be a success must be a useful citizen and a creditable member of the community in which he lives. Be he laborer, professional man, merchant or capitalist it matters not. These two qualifications are just as essential to one man as another; and any one man can be just as truly successful as another. All that is necessary is

that he should qualify himself to do the part that he elects to do, and that he be willing to work. The approbation of his fellow men will surely follow unless his vocation or personal reputation be evil. Sometimes one doctor is envious of the work done by another. He need not be, because it is probable that he is doing the work for which he is best qualified. One man will be a success with children and another doing surgery; but should they interchange it is probable that both of them would be failures. Each man would be trying to do something for which he has not qualified himself and properly should make a failure of it. The most successful doctor is the one who fits his particular niche the most accurately.

THE ECLECTIC SCHOOL IN MEDICINE

A. F. Stephens, M. D., St. Louis, Mo.

The Eclectic school in medicine is the outgrowth of a protest begun in the early part of the nineteenth century against the harsh, poisonous, health-destroying practice of the old, or allopathic (now called "regular"), system of medicine.

The word "eclectic" was taken as a name, it being best adapted to convey the meaning of the movement to establish a safe, sane and curative system of medical practice, as opposed to the crude, inhuman methods in vogue at the time. The word is derived from the Greek and signifies to choose or select the best means of cure from every source obtainable.

Every age produces a few men who see and think, and, thinking, seek for ways and means to aid mankind in its struggles to advance to better conditions and to live better and healthier lives. Such men are pioneers in whatever branch of human endeavor they may cast their lot and devote their lives. They are usually called reformers, and they seek the welfare of the race. They are protestants against the established, deep-rooted and, in most part, erroneous order of human affairs. If such protests are strong enough they result in the formation of new centers, around which become grouped all those persons whose bent of mind, line of thought and method of reasoning run more or less parallel. Such was the outcome of the protest nearly a century ago in America against the crude, unreasonable and vicious practice of medicine at that time.

Let us examine into the so-called "regular," or old school, practice of the period mentioned. At that time the remedial measures adopted by the profession of medicine in the cure of the sick were confined to a limited number of mineral

drugs, depletion by blood-letting (either by means of the lancet or leech), blistering, etc. Drugs derived from the higher organizations of plant life were practically unknown to the profession at that time. The list of drugs or medicines which were in daily use in the practice of medicine a century ago could be counted on one's fingers. The most prominent of these were mercury, antimony, arsenic, bismuth and iron. These were used heroically in large, poisonous doses, which disturbed and perverted every function of the body and oftentimes destroyed life. In those days the sick were made sicker by the treatment; in fact, the stomach and bowels were so severely affected by the treatment that digestion could not go on, and the body suffered for the want of nourishment, death often resulting from exhaustion. Those recovered who were possessed of an excellent supply of vitality—vitality sufficient to withstand both the disease and the treatment. Then, very often, if they survived such treatment they came out of it with sore and bleeding mouths, decaying teeth and rheumatic joints, a wreck of their former selves, yet believed their ill-recovery was due to the disease, knowing no better. Do you wonder now, you who read this, that a protest strong and powerful should arise against such a barbarous, unreasonable treatment of the sick; against a treatment which destroyed the vitality of the body and whose lasting effects were, many times, worse than the disease?

Coincident with the use of the drugs mentioned were the lancet, the leech and the fly-blister, all used for the express purpose of depleting (thinning down) the patient. The theory was that disease was an exaltation and must be depressed. We of later days know that "disease, wherever found and however manifested, is always an impairment of life, and during its continuance lowers vital force, and that all means of cure should have for their object to sustain the vital force while removing the difficulty." But in that time, when the Eclectic school was in the process of formation, the treatment consisted almost wholly in violent purging, exhaustive bleeding, and the blistering of extensive skin surfaces until the poor victim forgot his ailment in the torment of the "cure." His bowels were moved until they could move no more, neither could the patient. Do you wonder, then, that a cry went up which has reverberated down the century, and that through the building up of a new school of practice the old school was forced to abandon mercurial salivation, avoid inordinate physic, stay the lancet and leave the leech to his quiet life in the pond; and

that now the life-blood is permitted to flow uninterruptedly through the vessels, the Spanish fly is banished to his own, and the patient permitted to retain his skin? These have all been accomplished through the protest made a hundred years ago by the Eclectic school in medicine. The battle at times has been fierce and the opposition strong. The fight for a better and safer practice of medicine has been opposed by every means at the command of men. The jail was brought into use in the beginning. Abuse, vile epithets, ridicule and ostracism later on—all have been tried in a desperate effort to kill the school and the effects of its protest. All have failed, and the world today owes a debt of gratitude to Eclecticism for a safe, sane, kindly and effective practice of medicine. The old school has been compelled to modify its methods of healing, and, failing to profit by the light of the protest, it is groping today in a maze of illogical reasoning. However, it has had to curtail the use of those drugs which destroy the health and leave behind some lasting effect. The people having learned this lesson (many by sad experience), will no more permit the abuse of their bodies through the administration of poisonous doses of harsh remedies, but demand a more kindly treatment. They protest against being salivated with mercury as of old. They object to violent purging and its consequent weakening of their physical strength. They flinch at the suggestion of a blistered skin, and have driven the "bleeder" to put up his knife. They have learned much during the century just past. And yet, perhaps, they do not realize that all of the above is due to the Eclectics, and to them should be all the praise. The leaven which was put into the loaf by the early Eclectics has been working all these years, and the whole lump is being leavened, and men are demanding a safe, sane and reasonable treatment when sick.

The foregoing might be classed as negative results which have come about because of the Eclectic school in medicine. Let us examine, then, some of the features which can be classed as positive results.

The Eclectic school has developed the long line of American plant drugs, which constitute the most reliable and effective agents known to medicine at the present time. These drugs are many and varied, as the plant life of the world furnishes unlimited products for the cure of the sick. By tireless and unceasing labor the Eclectic school has searched out these products, examined them carefully, eliminated the objectionable, concentrated them until their medicinal action is secured

in the small, pleasant dose, not objectionable to either taste or smell. This has been accomplished by intelligent discrimination on the part of Eclectic physicians, aided by scientific manipulation of the crude drugs by the foremost pharmacists and chemists of the age in which we live. The Eclectic school has developed, and has in process of perfecting, what is termed specific or direct medication. The term means that it has been proven beyond the possibililty of doubt that drugs have a direct or specific action upon certain specific disease conditions of the body, changing them in the direction of normal healthy action. The old school has fully demonstrated that drugs administered wholly for the name of a disease, as pneumonia, for instance, are not constant in their action, nor will they often prove curative when so applied; hence the lack of faith in the curative power of drugs, as the adherents of the old school concede on every hand. The Eclectic school has demonstrated that drugs have a positive curative action when administered in proper doses for the purpose of correcting distinct or specific pathological conditions of parts or organs. They have proved that remedies so applied will remove or relieve the condition indicating the remedy under like circumstances, no matter by what name the disease may be called. It is a morbid condition and not a name, which points the way to an intelligent administration of medicine.

As an example familiar to all, let us take that condition of a perverted circulation wherein there is a determination of blood to the brain—that is, too much blood in the part, as is shown by such symptoms as intense headache, flushed face, bright eyes, contracted pupils and great restlessness. Such a condition may be present in a dozen different diseases. Any remedy that will relieve the blood pressure and equalize the circulation will cause the above symptoms to disappear, and in so far as this condition is removed the patient nears the standard of health. This process of reasoning includes also what is known as specific diagnosis, or analytical diagnosis. This method of diagnosis has a direct reference to the treatment that is to follow, and just so far as this method has been developed and perfected we have a scientific and positive practice of medicine. The Eclectic physician treats the patient and not the disease, and each patient to him is a distinct and separate case, even though his disease may bear the same name as all others of like character. For be it known that no two cases of the same class are exactly alike. Hence each must receive in treatment that which his peculiar manifestations re-

quire at the hands of the physician, if we would follow an intelligent course. On the other hand, under the present method pursued by the old school, every patient having the same named disease receives at its hands the same treatment. The old school, never having learned the value of drugs, is enmeshed in the serum fad, and every case wherein serum is supposed to be useful is injected with it, even though the symptoms and conditions vary in all cases. They do not take account of the many underlying conditions which positively indicate a diametrically opposite treatment; hence while some may recover in spite of the treatment, others die because of the failure to meet distinct pathological states. The discovery that like diseases differ in different persons, and that what will prove curative in one patient will not in another, and that drugs have a positive curative action when indicated; and that the small, pleasant, non-poisonous dose of a concentrated drug is the most speedily effective for good, entitles the Eclectic school in medicine to the everlasting gratitude of the people. And when in the years to come it is realized that the serum treatment had its birth in ignorance, as a result of a refusal to investigate a plain truth; that it is a lazy man's treatment, and that it is positively harmful in many cases, and only seemingly curative in others; that the decreased mortality is due rather to the fact that the old harsh treatment has been traded for a somewhat milder one, and that both are direcly opposed to common sense and sound judgment, and that mankind would be better off without either—then will it be plainly evident that the Eclectic school, born as a protest, and still protesting, has done a work for humanity that cannot be measured.

The Eclectic school has also established the undoubted value of the small, medicinal, kindly-acting, non-poisonous dose of a drug administered at frequent intervals, over that of the large, depressing, poisonous dose of the regular school, given less frequently. The Eclectic school has for its motto "Vires vitales sustinete," which means sustain the vital force in all diseases and under all circumstances.

While the Eclectic school has proven that our best and most effective remedies are derived from the more highly organized plant life, life that approaches closely to that of animal life, it does not (as some are led to suppose) discard the mineral drugs, but uses them whenever and wherever they may be rightly adapted, or prove curative and not destructive to life. Care, however, is always taken that they are never admin-

istered in such doses as to act in a poisonous manner, the smaller, non-poisonous dose being always used.

The term Eclectic, as was said in the beginning, is derived from the Greek language, and means to choose or select. Be it understood, however, that while the word was adopted to designate the reform movement by the early Eclectics to indicate their opposition to the authorized medical practice, with its inhuman treatment of the sick, it did not then, nor does it now, mean that they were choosing or selecting only what others had discovered and proved to be good; but the term was and is used in its fullest sense to cover original investigation and discovery in the domain of medicine. It does mean, however, that we choose or select those means and remedies which are safest and lead most effectually to a restoration of health. No rational means for the alleviation of suffering have been nor are now discarded by the Eclectic school. All means that will bear the light of reason, or that can be proved safe and sane in the treatment of the sick, no matter from what source they may come, are eagerly sought for and used by Eclectics. Let it be stated here that the term "herb doctor," which in the past was derisively applied to the reform school, had no basis in fact, as that movement began in the ranks of the medical profession by men who held college degrees. The protest was launched by educated men, graduates of allopathic medical colleges, and not by illiterate persons. It was started by men who practiced medicine in the regulation way, but saw the glaring inconsistency of their treatment and began to search for a milder, pleasanter, safer and more reliable means of cure. In looking around and observing, they soon saw that the materia medica of the "botanic" was much superior to their own, and furnished a better means of cure, being much safer and vastly more successful. Taking this as a basis, they enlarged upon it from year to year, until now we have unlimited and powerful means at our command. They not only did this, but the mineral kingdom has been just as intelligently studied to develop the good that is in it. It is a fact, however, not to be forgotten, that our most valuable plant drugs have been discovered and their medicinal properties determined by the Eclectic school.

In the use of the more powerful and potent drugs the Eclectic school feels its way carefully, looking always to the safety and welfare of the patient. In the use of those drugs which tend to induce a craving in the patient for their continued use, the Eclectic is extremely guarded, never prolonging

their administration sufficiently to create an insatiable desire for their continuance.

The question is often asked, "What is the difference, then, between the old (self-styled regular) school and the Eclectic school of the present day?" Let us explain. The dominant idea underlying the regular practice today is, that experimentation in the laboratory upon healthy animals must prove the curative power of the means used in cure. It virtually ignores bedside observation of the action of remedies upon unhealthy or diseased conditions. It practically ignores the vegetable remedies, the most potent of all. It confines itself largely to mineral drugs and animal serums, the latter being lymph products taken from the blood of an animal previously poisoned by injecting disease-elements into the body of the animal while in health. By such methods it predicates the remedial action of drugs or disease-elements used. The Eclectic asserts that no remedial action of drugs can be established by observing their poisonous effects upon healthy animals, but by their effects in small, medicinal, non-poisonous doses when applied to disease conditions in the sick. The Eclectic contends that the poisonous action of a drug as shown upon a healthy animal bears absolutely no relation to its therapeutic action upon the sick when taken in non-poisonous, curative doses for their direct effect upon disease conditions in the human subject. The Eclectic studies medicine in the only rational way, which is by observing the effect of a drug upon the sick patient when administered for a specific purpose. The old school today virtually admits that drug action is uncertain as it knows it, and in the main is useless, as witness the writings and teachings of the most prominent men in that school. Witness also that in the last few years surgery has run riot, and thousands of persons are mutilated without cause, simply as a result of a lack of knowledge of the curative power of drugs on the part of the old-school physicians. The Eclectic is firmly grounded in his knowledge of the curative properties of the medicines he uses, and he as firmly refuses to yield to the doubts cast upon them by those who ought to know but do not. As a proof of what I assert the investigator is referred to the mortuary records of any of our cities where a comparison may be easily made. The best evidence of a successful practice of medicine is the relative proportion of fatalities of the two schools.

As a final example, it is asserted by old-school authorities that there is no remedy for the disease known as pneumonia, and as a result of such teaching nearly one-half (40 to 50 per

cent) of those who have the disease die. The Eclectic opposes this with the assurance that the specific pathological conditions which are present in pneumonia can be overcome by drugs given for their direct effect upon said conditions, and that a comprehensive treatment will lower the death rate to less than 10 per cent. There is not an Eclectic physician in the United States who will not tell you that he would consider himself criminally guilty if he permitted 10 per cent of his cases of pneumonia to die, and he speaks in truth and not boastingly, and can prove it by his mortuary record. There must be, then, a cause for this vast difference, and that cause lies in the great difference in the manner and method of treatment followed by the two schools.—National Quarterly.

DEMENTIA PRECOX

Theodore Davis Adlerman, A.B., M.D., Brooklyn, N. Y.

The writer's task in presenting this paper to you is a very difficult one, as in the entire field of psychiatry there is no more complicated, less comprehensible, less understood, no more mysterious, no more interesting, no more baffling defect of psychosis than dementia precox, and had it been in my power I certainly would have changed this name, as dementia precox, or precocious dementia, does not fully cover this great subject under which are classified certain types of youthful psychic defects. However, as it is perhaps right, as Galen said, that the name itself of any disease is not so very important, we will not discuss this particular part of it.

It is not my intention here to devote very much space to the history of dementia precox, but a slight review of the early development of it will, I think prove of some interest to all.

Very little can be found in the early writings of Hippocrates and Asclepiades (whom we can rightly consider as the first author in psychiatry), that could be directly considered in any way as descriptions of dementia precox, though it is no more than possible than when Hippocrates, speaking of certain peculiar deteriorations, might have unknowingly been describing some types of dementia precox.

In English literature we first find Wallis, the English anatomist, who, in speaking of types that he named as stupidious idiocy imbecility, was dealing with cases which we now classify as dementia precox. The more recent history of dementia precox concerns itself chiefly with the works of Kahlbaum, Kraepelin and Haeckel. Kraepelin's description of

dementia precox constitutes him the great psychiatrist even of recent times. He pointed out and described features which are common to such a great number of so-called terminal dements, and the great bold picture that he drew allows more than a correct estimation of a very large number of cases which formerly were doubtful or uncertain with regards to classification as well as outcome.

Now, gentlemen, what do we understand or mean by dementia precox? If we will bear in mind that the relation of this disease to puberty cannot be denied, we are very much tempted to use the characteristic phrase of the French writers when speaking of dementia precox and that is, "stranded on the rocks of puberty;" and if you will therefore consider it as a defect psychosis beginning in early life, during puberty, or young manhood and womanhood, and if you will add that it is characterized by a progressive deterioration in intelligence, and by a more or less marked enfeeblement of mind as well as by an ever-increasing apathy and peculiar stupidity, by catalepsy, negativism, mutism, grimaces, impulsive actions, as well as delusions of a depressed or grandiose nature, as well as distinct hallucinations, we will arrive at a definition that I think will cover the subect. At the same time we must, of course, all agree that puberty and adolescence are the most trying and dangerous periods in the evolution of the higher cerebral association fibers, and that rapid growth of the body proceeds with maturity of the sexual system. It will thus seem that the entering of sex and reproductive power and energy from the potential into the actual state at puberty brings a distinct liability or susceptibility to diseases of mind and body entirely unknown before. So important are these changes at puberty in the physiological epoch in the life of a boy or girl that we are surprised that we do not find insanity even more common at this time. There seems to be a certain safeguard here, in that the insanity of puberty is always a very strongly hereditary insanity, and only very few cases will occur where there is not a family tendency either toward mental defect or towards some other neuroses.

Both Ziehen and Kraepelin make the claim that 80 per cent of all dementia precox cases show some sort of a family history, and physical stigmata of degeneration are sure to be found in just as many cases. Some few years ago Krauss, working in the Heidelberg clinics, found as high as 93 per cent of hereditary taint in dementia precox in the very immediate ancestry, both paternal and maternal. There can also be no question whatever that alcohol, the above-mentioned heredi-

tary taint, and an abnormal personality or crankiness play an important role in the production of this disease.

I presume that it will not really matter very much if I do not say a great deal about the pathology of dementia precox. Neither do I think that I could do better than to quote the combined opinions of Kraepelin, Ziehen and Hecker, that in dementia precox we have to deal with an actual chemical injury to the cortical cells, causing either their deterioration or destruction, and that the psychoses are best explained by auto-intoxication arising from processes going on in the sexual organs.

The many distinct and peculiar types and forms that arise in this dementia are so numerous that to describe them all would require more time and labor than I can give to it, and more than you would probably care to listen to. I will therefore take up the three great types of dementia precox:

1. The hebephrenic type.
2. The catatonic type.
3. The paranoid type.

All other forms that you may meet with either belong to or run into one or the other of the three above-mentioned divisions, or constitute one of the numerous sub-branches, or secondary forms, so to speak.

In taking up the symptomatology I cannot help but mention the so-called signs, discovered by Smith Ely Jeliffe, and which he calls signs of predementia purecox. By taking heed of little things, it is quite possible to conserve, in some degree, an individual who otherwise would pass to complete destruction, and in order to do so more and very careful attention must be given by the general practitioner to certain signs appearing at puberty.

The boundless imaginations, the different varied illusions, the self-consciousness, must all be guided into proper channels. Such children are often nervous, showing disturbances in sleep, night terrors, accompanied by cries and apparent hallucinatory influences. If to these things are added strong sexual excitement, excessive reactions to emotional causes, a continual dissatisfaction, imperative ideas and imperative actions, such a child ought to receive your careful attention, as this predementia stage is certainly one of importance.

There is no doubt that many diagnoses of dementia are decided and made on the ground of a rule of thumb principle. This danger ought to be, and can be, obviated by taking a definite view of what diagnosis in mental disease really means. As a rule, a diagnosis usually does justice only to one part

of the facts. In psychiatry a one-word diagnosis will always fall short of presenting the actual facts in the case. We must, of course, first remember that the conception of dementia precox is a designation of a prospective deterioration. Hallucinations or illusions are very common, especially in the acute and subacute conditions. Consciousness is clear throughout in many cases, and the simple perception of external impressions is a little impaired, but the faculty of attention is regularly subjected to serious disturbances. The most prominent symptom is the failure of interest. Though the patient perceives what takes place around him, he contemplates all with the greatest indifference. There seems to be a marked strong retardation in the flow of thought, so that ideas are associated with difficulty, and often so united that no connecting link can be established in any way whatever.

While delusions of depressed character, melancholy and hypochondriacal ideas are present in the early stage, grandiose ideas will develop later in conjunction with the depressed ideas, or will often replace them, and here we must, of course, be very careful and not mistake it for paralytic dementia. The failure of interest is very peculiar. The patient feels neither joy or sadness; he is quite indifferent to relatives or friends; to pleasure, pain, fears or desires; to daily discomforts; insensitive to injuries, and only the presence of food seems to arouse interest in him. Impulsive actions, silly and senseless; automatic impulses which are reiterated over and over again. The patient either repeats the same words over and over, or moves the hands to and fro, or assumes attitudes for hours and hours. Negativism is here and a very singular symptom. The will always seems to be blocked and overcome by a counter incentive.

Among the physical disorders of dementia precox met with are attacks of syncope; epileptiform, apoplectiform, localized spasms; choreiform movements, exaggerated reflexes; increased salivary secretions, vasomotor disorders, diffuse enlargement of the thyroid gland, emaciation in the acute and subacute stages, and a rapid increase in weight in the later stages.

Among the three great divisions of dementia precox, the catatonic form is the most interesting to me, and is distinguished by a peculiar condition of stupor and excitement, with symptoms of negativism, and a termination in a peculiar kind of dementia.

When you analyze the paranoid type of dementia precox you must subdivide it into two divisions; one in which the perse-

cutory and grandiose ideas and moderate excitement predominate, and the second group in which fantastic delusions, hallucinations and illusions come up strongly and terminate in general confusion. The hebephrenic form is manifested chiefly by simple enfeeblement of the mind, and come up as either an acute or subacute psychosis, and here I am obliged to mention a few prominent features of this dementia. In most of its forms attention is always deeply affected, owing to a lack of spontaneous interest, a lack of desire to understand. There is also a great inadequacy of control and obstruction to the will; a wiping out of every impulse by a stronger one in an opposite direction; and here we will have the impulses of motion and attitude, which are especially characteristic and prominent in catatonic.

Every alienist meets a number of cases in which the prognosis is unfavorable from the beginning, and dementia precox belongs to those cases. Most cases end in permanent dementia, especially those stamped with Kraepelin's deterioration process; and while you may secure remissions similar to those obtained in paralytic dementia; and while some patients will seem to have recovered, in a few months or years you will have a return of the disease.

I regret very much that I cannot give you much about the treatment of this form of insanity, and that nothing can be done specifically for it. It is possible to arrest the disorder in the early stages by paying strict attention to nutrition, and by suggestion. Isolation from the immediate friends or relatives is necessary in nearly every case, whether in his or her own home or in a sanitarium. If you do send your patient to a sanitarium, do not let it be merely a boarding-house for the insane (and that is what most sanitariums are). Outdoor life and exercise are important. It is good to send your case into the open air and keep your patient in motion at some simple exercise, as this develops the power of observation and attention. It is indeed remarkable how much nourishment a patient can take without disturbance of digestion, and overfeeding here is quite as important, and the benefit of this increased diet is apparent quite early.

So far as drugs are concerned, you must build your patient up by tonics, such as iron, quinine, manganese, arsenic, phosphorus, gentian, nux vomica and belladonna. Belladonna here is a very important drug. I will often, if it does not abort certain forms of dementia precox, help to secure remissions. I combine it with œnanthe with good results. I have seen no benefit from electricity in this form of insanity, but baths,

either hot or moderate, according as a tonic or sedative effect may be desired, are beneficial. The calmative effect of a hot bath is remarkable, but the bath must not be prolonged, as it will otherwise produce a depressing influence. Other measures used in other forms of insanity can be applied here.

References.—Jeliffe, S. E., in American Journal of Medical Sciences. Kohlbaum, Gruppirung des psychischen Krankheiten. A. Mayer, in American Journal of Insanity; Neuroses of Puberty and Adolescence. Jelliffe, Psychiatry of Augustan Era.—National Quarterly.

HYOSCYAMUS

A. J. Crance, M.D., Pasadena, Cal.

This agent is employed by all schools of drug therapy with a degree of unity as to results, and for similar ideas of pathological states not usually accorded many others.

All must concede that its action is through the cerebrospinal centers, upon which it has a marked influence compatible with dosage and personal idiosyncrasy. Physiologically, it resembles somewhat several drugs, notably opium, belladonna and stramonium, inducing, as with the latter two, a flushing of the capillaries, dryness of the throat, dilated pupils, together with a stimulant action upon the intestines, but differs in its analgesic and hypnotic powers over them. With opium it compares favorably in somniferous and cerebral effects, differing, however, in not interrupting the secretions, and possessing opposite pupillary action. Its hynotic intensity is not equal to opium, neither is it applicable to the same condition, but qualifies where excitation is present rather than somnolence and dull apathy. In pediatry it far surpasses opium, owing to the susceptibility and notorious baneful influence opiates have over children.

Assuming that causes extrinsic, incident to our age of fast living, mental worry, anxiety, over-ambition; and intrinsic, to abuse of our internal mechanism, through excesses and faulty observations or care of nature's physiological laws, are a growing and prolific cause of organic and sympathetic functional nervous diseases, it follows that whatever treatment which will relax and subdue nervous tension and impulses becomes a boon to humanity. In this respect we would class hyoscyamus, performing a role in drug therapy that is difficult to equal from any other source. In its application it is not the remedy for that nervous state dependent upon a con-

gestive feature of capillary stasis of the cerebral centers; but where hyperemia and busy delirium are present, the cerebral anemia which it occasions is the desideratum sought to induce quietude and sleep; it is therefore a sedative to the nervous system under conditions of exalted action from its central mass, besides an analgesic to its terminal nerve fibers. In its uses therapeutically it is not resorted to with the frequency it deserves, and few agents of the hypnotic class can equal hyoscyamus for the calmative and nerve-soothing influence which it possesses, together with its remarkable freedom from deleterious after-effects. It obtains special control over nerve excitation through the great sympathetic, therefore is applicable in many neurotic diseases for which it most frequently is used.

To name the diseases over which hyoscyamus is curatively exhibited would be experimental therapeutics; but to classify conditions expresses its usefulness in a positive way, of which the most direct prominent symptomatology are those cases showing a morbid and exaggerated nervous excitation and unrest, with mental perturbation of fanciful or imaginative ideas, a morbid vigilance, a spasmodic impulse or an excessive sensitiveness from an hyperemic state. With qualifications in meeting a train of symptoms as enumerated, it can be readily appreciated that its medicinal usages may be extensively employed. In the fact that nervous elements predominate with many of our patients, and unless we assume control of this all-important condition our auxiliary treatment for associated pathologic states will be fruitless.

In the delirium of fevers, provided it be not that due to nervous atony; in the various acute dementias from shock or other causes; in the numerous hysterical manifestations and in the spasmodic affections, hyoscyamus can frequently be called in requisition for its feature of subduing excitement, sleeplessness and irritability usually present, besides overcoming vasomotor spasm, thus equalizing the blood supply and favoring a return to normal equilibrium.

In irritable states of the urinary organs, especially the bladder, it possesses a controlling influence to subdue pain, vesical irritability or tenesmus, either by its analgesic effect upon terminal nerve fibers or by lessening the hyperesthesia, and possibly from the fact that hyoscyamus is not decomposed by renal filtration in its elimination.

Apart from its medicinal uses internally, the drug in the form of an extract is not without virtues locally applied to mucous surfaces, and as such, when incorporated with an

unctuous base, either singly or in combination with other drugs, it affords material relief as an anodyne in painful conditions at the lower openings of the body.

With reference to dosage of hyoscyamus, the amount will vary owing to individual. Personally, I am partial to Lloyd's specific medicines for universal use. With children I prescribe from a fraction of a drop to one drop, repeated half hourly or hourly until control of the excited nervous system is obtained. In cystitis or painful urinary states, ten-drop doses are given three times daily. I am inclined to believe that, owing to rapid elimination of the drug, smaller doses, more frequently given for continued effect, have an advantage over the larger ones at longer intervals. Speaking in a general way, the use of hyoscyamus could and should supplant the use of other agents far more injurious to nature. It often could displace the handy and ever-ready hypodermic syringe, loaded with a dangerous habit-forming drug. The fault is entirely the physician's, who consults his own convenience rather than the future comfort of his patient.—National Quarterly.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 26, 27, 28, 1920, in Fresno, Cal. Ira Wheeler, M.D., Fresno, Cal., President; H. T. Cook, M.D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. Harriet G. McGraw, who had been living in Los Angeles for a short time, has returned to Tryon, Nebraska.

Dr. and Mrs. A. P. Baird have returned from a two months' fishing trip through California.

Dr. H. T. Webster of Oakland has moved to 1414 East Fourth Street, Santa Ana, where he has bought a home and where he will make his residence.

Dr. and Mrs. T. C. Young of Glendale enoyed a vacation last month driving through the northern part of the state.

Dr. Wm. P. Best has changed his address in Indianapolis from 2218 East 10th Street to 2161 Park Avenue.

Dr. and Mrs. F. W. West are taking an automobile trip to Yosemite Valley and the Big Trees.

Dr. Sophia Billenkamp has changed her address from Galt, California, to Lodi, California, R. F. D. No. 2, Box 65.

Dr. H. V. Brown of Los Angeles has been appointed to succeed Dr. Loos on the Board of Medical Examiners. This fact is most pleasing to the Eclectic profession as Dr. Brown has been a member of the Board for five years and has made such a splendid member. Dr. Brown and family spent their vacation at the Beach last month.

Married: Miss Evelyn Klett and Mr. Robert W. Stevens were married July 30, 1919, at Williamsport, Pennsylvania, and will be at home in Los Angeles after September 15th. Mr. Stevens is well known in California as the representative of the Chicago Pharmacal Company. The Journal extends congratulations.

Dr. Leland Welbourn was granted a license at the last meeting of the California State Board of Medical Examiners and will probably locate in Van Nuys, California.

Dr. H. C. Smith and family of Glendale are back from an automobile trip through Northern California.

Dr. O. C. Welbourn, Los Angeles, has disposed of his National 12 car and has purchased a Stutz roadster.

Dr. and Mrs. H. T. Cox of Los Angeles are spending the month of September at the different beaches near Los Angeles.

Dr. G. Hunter Greenwell, Los Angeles, and Mrs. Gault of Chicago have announced their engagement, the wedding to occur in October.

The California Eclectic Medical Journal

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:: Original Contributions ::

PREPAREDNESS

L. L. Haight, M.D., Los Angeles

Read Before the California Eclectic Medical Society

We are all conversant with preparedness.
Preparedness for War.
Preparedness for Peace.
Preparedness for Life, etc., but in the final summing up, of all preparedness, or the preparedness of all preparedness the first thought should be of Pediatrics, for upon the future generation absolutely depends the life of a nation and a world. Pediatrics to every conscientious physician should and does include not only the treatment of diseases of children but the prevention of any such diseases from the time of conception, or even preceding that; the health of prospective parents should be considered, also the environment of the future child, whether proper conditions such as food, fresh air, play, education, etc., can be secured. These as well as many other pertinent questions are worthy of consideration and present themselves particularly to the physician's notice.

NEXT. When "The Little Stranger," or rather, friend, is in our midst, how should he be cared for to prevent acquiring disease, but if acquired, how remedied and the spread of the disease, if contagious, prevented. Truly a great problem and yet one of great satisfaction when accomplished.

In Pediatrics diet assumes a very important role. My experience has taught me that while there are many fairly reliable laws which can be laid down in our control of the diet, nevertheless our rules must necessarily be somewhat flexible, for due to personal idiosyncrasies each individual is a law unto himself.

Eclecticism also teaches that specific indications require specific remedies and this as surely applies to foods as med-

icines, and I believe that much thought should be given this subject. Obviously in this article I can only touch the high spots and not pretend to completeness in reference to diet for children.

In infancy—mother's milk with few exceptions, the fewer the better, but where we know that we have an exception we should, as a rule, approximate mother's milk as near as possible, meeting specific indications with specific modification of the food. An exclusive milk diet should not be given to a child over one year of age except under unusual circumstances.

Generally speaking in constipation give more cream or fat or 150 c.c. to 200 c.c. Oatmeal gruel daily, alone or as milk dilutent and in diarrhea, less fat or cream. Boiled milk—less sugars and starches which fermenting produce toxins. Irregular feedings as well as dirt and deficiencies in the milk cause diarrhea.

We constantly meet children who are fat. Some just fat, others fatter, and still others fattest. This does not denote health for many of these cases show undevelopment of the structural framework; in order words, poor bones, deficient in lime salts.

Specific indication in this case is insufficient bone material, and I have found in small children that goat's milk, properly diluted, serves the purpose quite well, as it contains more iron and calcium salts than cow's milk, and more easily assimilated, as the emulsion is better, and oil globules being one-fifth the size, richer as a rule, reaction alkaline same as mother's milk, curd small and flocculent permitting the gastric juices freer access, one-fifth the amount of goat milk curd precipitates in the stomach as to cow's milk and less danger of tuberculosis in goat than cow. Of course the goat's milk is used raw for if cooked it has a peculiar flavor and the vitamines are destroyed. During infancy and childhood spinach and other vegetable juices will be digested and should be given for deficiency diseases; also fresh milk and fresh fruit juices and a limited amount of fresh meat, as these diseases, especially scurvy, are frequently found in institutions where a too exclusive diet of preparations of ordinary white flour, tapioca, rice, sugar, sago, hominy and starches are given. We should not wait for definite rachitic or scorbutic symptoms but should give vitamine bearing foods when we have loss of weight or stationary weight, restlessness, head sweating, irritability, greenish liquid stools containing curds or mucus.

The internal secretions are supposed to be stimulated by

the vitamines and in turn act as hormones to stimulate enzymes.

Spinach stands highest as to organic salts, mostly calcium and phosphorus. Calcium 3.06% of the total salts and phosphorus 4.26%.

Lettuce for iron with spinach a close second, .91% and .86%, respectively of total salts.

Spinach contains 8.68% organic sodium of total salts but is mostly lost in cooking. Use raw if sodium is desired.

The protein per cent of meat is 20% to 25%, navy beans 22.5% lima beans 20.3%, lentils 25%, peas 24.6%.

Older children will gradually acquire a more varied diet but should not show too much haste in omitting milk. These older and more active youngsters require a higher proteid diet. Meat not too often. Once a day is enough, and in the majority of cases too much. Hominy, cornmeal, oatmeal, cracked wheat and any of the above proteid vegetables.

Bread made of white flour has been deprived of vitamines and necessary mineral salts as well as the roughness required for a mechanical stimulation to produce peristalsis.

Fruits and Fruit Juices: During the recent influena epidemic I had particularly good results with orange juice diluted with water. Only two cases in from 200 to 300 became nauseated and one of these later expressed a desire for the orange juice, and when given properly diluted, enjoyed it. It is nutritious, easily digested as a rule, and a gastro intestinal tonic. Infants enjoy the sweet orange juice and I use it in practically all cases.

The technique in preparing vegetables is of utmost importance. The excessive waste of salts in boiling and draining ranges roughly from one-quarter the total in onions to three-quarters of the ash in spinach, and this is lost in the first part of the boiling.

Steaming is the most economical method of preserving these salts, and for the last six or seven years I have at times used the raw vegetable juices, grinding fine and pressing. If a steamer is not convenient a double boiler may be used. In cases of an infant where the closing of the fontanelle is slow the feeding of vegetable juices will show a marked improvement.

Scorbutus has long been noted in infants fed on pasteurized or boiled milk, and it is now believed that the heating of the milk destroys the vitamines, and in this connection I wish to emphasize the antiscorbutic value of orange juice.

Digestive capacity is reduced during illness and as a consequence there should be a reduction in food, either by adding

water or giving from one-fourth to one-half less food, or omitting meals entirely and giving hot water or orange juice and water equal parts.

In nurslings water given just before nursing will reduce the quantity taken. In bottle fed youngsters replace a portion of the food with water.

Tact is very essential in feeding sick children and there is usually some one at times, mother or father or nurse, who can succeed in individual cases better than others, and to such should be intrusted this duty.

Over feeding, either in quality or quantity, is the most frequent error, and next irregularity.

Forced feeding or coaxing by means of sugared food, etc., is to be condemned for when a child does not wish to eat he, as a rule, demonstrates more good sense than his elders would under like circumstances.

When a child's breath is temporarily bad (excluding oral defects) and he is torpid, keeps clean and is quiet and he behaves like a little "gentleman," omit food for twenty-four hours and give hot water several times. Usually gastric indigestion.

Following I shall endeavor to outline diets for specific diseased conditions, realining that, as before stated, idiosyncrasies modify any diet.

Acute Nephritis: Omit meat, meat derivatives, eggs, peas, beans, lentils. Give hot water, except with oedema and anascara, orange juice diluted, stale whole wheat bread and butter, zwieback and butter, apple sauce. The necessary protein can be obtained from milk six to eight ounces at four-hour intervals three times a day, but not within an hour of fruit or vegetable juices. Table salt none.

I believe that at times too much sugar and starches are given whereby the liver becomes overloaded and throws more work on the kidneys.

Eczema: Nurslings—Regular feedings preferably four-hour intervals. Mother's bowels should evacuate at least once daily. If excess of fat in mother's milk give barley water before nursing. Enema for baby.

Bottle fed babies—Reduce fats and sugar. Change formula—Dilute with gruel—skimmed or evaporated milk. Idiosyncrasies to certain foods (strawberries, eggs, salt, etc.) are often responsible for skin eruptions.

Icterus: First twenty-four hours. Orange juice—lemonade (not over sweetened), water. Repeat is necessary. Green salads—fruit juices.

Marasmus: Usually in bottle fed babies and often caused by too much or too strong formulas of cow's milk. A wet nurse may solve the trouble. Goat's milk diluted has shown remarkable results. Orange juice and vegetable juices particularly. Barley water. Each child seems to be a law unto himself.

Rheumatism: Fats, sugar and meats taboo. Egg yolks also. Feed vegetables ,stewed fruits, fruit juices, cereals, buttermilk, skimmed milk and puddings from skimmed milk.

Mucous Colitis: Most cases are or have been taking relatively large quantities of milk, which should be discontinued. Usually constipated. - Feed malted milk or whey, cereals cooked three hours, broths, whole wheat bread, spinach, carrots. Puree of lentils, peas, beans should be given freely.

Obesity: Milk and milk products contra indicated as well as candy and sweets. Feed green vegetables, fresh fruits. Stale whole wheat bread. When feeding cereals use skimmed milk.

Tuberculosis: No over feeding or forced feeding. Candy, cakes, etc., are not advisable as they produce gastric disturbances. Milk chocolate after mid-day lunch to satisfy candy craving. Feed high proteid foods, dried peas, beans, lentils, oatmeal, milk, meat, green vegetables.

The objection to forced feeding is that it produces a disgust for food and upsets the stomach thereby producing a real loss in condition while recuperating. Great care should be exercised to remain just within the bounds of assimilation so that the best nutrition is secured without over loading.

Rachitis: Omit artificial foods owing to lack of fat and proteids. Cow's milk should be carefully given in formula that can be assimilated. Scraped beef, oatmeal gruel. After first year or eighteen months puree of peas, beans, for proteid; for lime salts, milk (preferably goat's), spinach 3.06%, cabbage 2.62%, lettuce 2.56%. This is the per cent of calcium of the total salts after water has been extracted. These also run high in potassium salts, with lettuce leading. Plain cod liver oil is good food in these cases.

Recurrent Bronchitis: Kerley in Practice of Pediatrics says "Sugar and fats cannot be taken by them." Hand Book of Therapy A.M.A., advocates "Good, food rich in fats," for bronchitis. Take your choice. Nevertheless I think that there is usually a history of improper foods or over eating and I am personally opposed to "rich in fats" diet. Orange juice diluted, fruits, vegetables. Meat not more often than once in three days if at all. Urge drinking of hot water.

Diphtheria: On account of trouble in swallowing food in as concentrated a form as possible should be given. Milk with lime water should be the main potrion of diet and it will be more easily taken if cold. Owing to the pain from drawing on a nipple the holes should be enlarged or preferably use a spoon or cup in feeding. Gavage my be required. Give predigested cereals, peptonized milk. Plenty of water should also be given if there is no tendency to vomiting. Rectal feeding may be used for a day or two but is of rather doubtful efficiency. Milk thoroughly peptonized and pancreatized. To preserve the vitamines and enzymes it should be unboiled. Skimmed milk is preferable as an excess of fat cannot be used. Any rectal feeding should be alkaline in reaction.

The following method is given by the Practical Medicine Series: 6 a.m., 4 p.m. and 10 p.m. Glucose 1 oz., strained juice one-half orange, sodium bicarb and sodium chloride of each gr. xxx. Water to make 10 oz.

8 a.m., 12 noon, 6 p.m. and midnight. Five ozs. skimmed milk thoroughly peptonized and pancreatized. Every second day a physiological N-CL enema is given at 4 a.m. and the 6 a.m. glucose omitted.

Simple Anemia and Chlorosis: Simple anemia is probably more often due to improper feeding than is generally realized. Rest and temporary removal from school together with fresh air and sunshine will aid materially. Of much importance is the proper diet and regularity. No eating between meals. Goat's milk—iron bearing foods should predominate and should be given in the manner in which greatest assimilation can be secured. It is claimed that cooking vegetables or fruits renders the iron as useless as iron filings.

Spinach contains 35.9 Mg. of Iron per 100 gm. Apples 13.2 Mg. of Iron per 100 gm. Oats 13.1 Mg. of Iron per 100 gm. Beef 4.8 to 16.6 Mg. of Iron per 100 gm. Preferably given underdone or raw.

While these observations are intentionally brief I do not mean in any way to detract from the great importance of diet in health and disease, and I realize that a paper of this sort could go on indefinitely and monotonously, and I also know that it is impossible to give an entire satisfactory dietary. I have never seen one nor do I expect to do so. Nevertheless of recent years it seems more thought is being given to the diet as to vitamines, salts and adaptability of the patient than heretofore, and I hope that it is an advance in the right direction.

WHAT SHALL I WRITE ABOUT?

Herbert T. Cox, M.D., Los Angeles

Read before the Los Angeles Eclectic Medical Society

Some two or three months ago I attended the last meeting of the Los Angeles Eclectic Medical Society to be held until after the summer vacations were over. At that time I was told that I was **IT** for the next paper in September when we met again. Well, that was a snap to have so long in which to prepare a paper, but here it is the middle of August and the lazy summer days have slipped by without arousing one bright spark of inspiration or stinging pang of duty. My cerebrum rebells. Why should I or anyone else write a paper? And answer echoes: It is my duty. It is my duty to do my part toward the common interest in our profession and each other's progress and welfare. It is the duty of each to belong to the respective societies to which his fellow workers belong, and to take the representative journals.

These societies and journals are for our benefit, each and all. And they succeed in proportion as each member, subscriber or writer does his bit. Therefore when my turn comes I should add my bit, be it ever so small. My idea, or my way, is probably different from the other fellow's, and it may give him something new or he might go one better. Or he may have something that puts my method in the shade. We Eclectics are of small numbers and scattered, and therefore need these advantages of exchange of thought perhaps more than the dominant school, and we especially on the West Coast, as we are far removed from our fountain head of learning, having no college this side of the Rocky Mountains.

Of course each is busy and successful and follows too much a compass of his own magnetizing. Is it not written that when the face is flushed, eyes bright with contracted pupils, restlessness, excitability and elevation of temperature that Gelsemium is the remedy and that when there is sluggish capillary circulation, skin cool and relaxed, dull eyes with dilated pupils, mental dullness and inactivity it spells Belladonna? Sure. That is an Eclectic axiom and we can't tell the other fellow, or he can't tell us anything new when he tells us that. But there are hundreds of things not so self-evident as these A, B,C's of Specific Medication. Yes, there are new books being put out every day on all new subjects, but in these days of modern medicine, which one of us can read them all? So if one finds a good point or gains some

practical knowledge it is all the more valuable, and should be discussed and thus it benefits us as a whole.

The second point: What shall I write about? We might write a paper upon some of the drugs from Aconite down to Zingiber, or upon some disease from Appendicitis to Zoster. Again we might write an article upon the advantages of Eclectic practice over Allopathy or in comparison with Homeopathy. But all of this would be along the line of the same material that has been hammered into every good Eclectic while he was attending medical lectures. It would be too much threshing of old straw to perhaps find a few overlooked grains. There are new harvests to be gathered and threshed out and various other fields of medical interest to be gone over. There may not be much clearness in the argument above, but the point I am heading for is, that there are many things that might be discussed in our medical societies that would be of greater financial and professional benefit to us, that are not taken advantage of.

Thus there are matters of ethics and co-operation. Matters of financial and economic interest, as for instance, different forms of bookkeeping, systems of collections, systems for records of cases. Conveniences of office equipment and arrangement of offices. Schedule of fees for various work. Matters of technical interest, such as new and more accurate instruments. Quicker and more accurate laboratory tests, etc. New remedies, reagents, books, etc.

What set of business men or manufacturers would meet in convention, time after time, and not discuss financial or economic questions, but spend all their time discussing how to make their product better or how to make it last the buyer longer? Yet the medical meetings generally follow an analagous course of how to more quickly cure the sick (which is proper), but never much about how the doctors may help themselves or cure their ailing economic system. It is said that physicians are poor business men. Of course this is true of some and not of others, perhaps less so today than fifty years ago, because being surrounded by and brought more closely in contact with systematic institutions the professional man has absorbed some of this atmosphere. The public takes us at our face value. When he sends a bill for services, any business man or mechanic will insist on being paid promptly. A physician sends his bill—sometimes with some apologetic request for payment, and then sits and waits. Working for the benefit of suffering humanity is an excellent thing, but it must logically come second, as an adequate income is of necessity first. For with increased income we can

improve our knowledge, have more spare time and add materially to our equipment, which all means better service to our patients. I do not mean to neglect the poor, for they are ever with us. It is those who are able to pay and are neglectful or unwilling, that we have to watch.

This matter of collection, fee bills, economic problems, economical methods of purchasing drugs and supplies, time saving or economical equipment, newer advances in medicine and surgery, legislation, laws, etc., could all be taken up in a regular business-like manner by our societies to the benefit of all of us.

Local societies might have one or two meetings a year upon such subjects or at each meeting have one appointed beside the essayist to bring up current medical events. Or a committee to hold office for a certain length of time to bring such matters up at each meeting for systematic study or discussion.

State and national societies could each have a section devoted to such matters including perhaps legislation. Thus we would begin to see results in our co-operation.

W. S. S.

Latest available figures, the United States Treasury Department announces, show that annually more than 5,000,000 persons in the United States apply for and receive free aid.

That is, it was free to them. Other citizens paid for it, to the tune of some $100,000,000, and maintained institutions valued at half a billion dollars.

This aid was mostly temporary; only 314,234 persons remained in such institutions at the close of the year. Probably a small nest egg would have saved a vast majority from what most people dread, and the thrifty citizens of the nation would have had their tax bills materially reduced.

The citizens of Los Angeles should support the National Thrift Campaign now everywhere manifesting itself. Self-interest dictates it. The National Government's best security, Savings Stamps, is issued in denominations as low as $5 and bears a high interest. There are other safe means of investment. The destruction of the poor, a wise man said, is their poverty. It also bears hard on the taxpayer. Let's abolish it. Moderate, steady saving will do it.

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INFLUENZA RECRUDESCENS

About a year ago the influenza, about which we had heard and read a good deal, became prevalent in this locality; and all of us had the privilege of an intimate acquaintance with its manifestations. And not a few of us had the pleasure of a personal acquaintance. After a time the virulence of the infection abated and its gradually subsided. Some say it disappeared. However we cannot agree with the latter statement, and this opinion is shared by many of our colleagues. In fact, it is their opinion rather than our own. We believe the correct view is that the conditions—and they are numerous and varied—became unfavorable for this disease in an active form. The severity of the attacks were lessened and it changed from an epidemic to a sporadic disease. Because of their mildness, many of these cases passed unnoticed. If this be the correct view the disease has been present right along and it is a question of recrudescense rather than recurrens. Assuming that it will become prevalent again as soon as the conditions become favorable for its development, we suggest that the reader have his wits about him and at once

seek the seasonal remedy; for it does not necessarily follow that remedies which were so successfully used last year will be the best remedies to use this year. Also we urge our readers to send in their observations for publication to the end that we may be helpful to each other.

SECRET—PRIVATE—PERSONAL

(No. 1—Secret)

John Uri Lloyd, Phar.M., Cincinnati, 0.

"Come, now, and let us reason together."

In the opinion of this writer, misunderstanding of ideals and motives causes much of the trouble that prevails when in anger friend parts from friend. Neglect to define one's position, properly and fully, on a problem that presents several viewpoints, may breed antagonisms where, could the two minds be brought together before prejudice was bred, harmony instead of discord would have resulted. Perhaps the misconception of the meaning of a word or words, where shades of distinction may perplex even an expert, holds men's minds apart. Comes first this one-sided impression, then, as discussion progresses, intensity of argumentative passion takes its place; next comes self-bred fanaticism in which the disputants forget the original cause, to make personal their grievances, which may finally lead to estrangement, even hatred, each of the other. Leaders may they now become of discordant factions, who jump at conclusions with not less vehemence than have their misled authorities. The perhaps obsolete meaning of a word may be the foundation on which one party stands—the not less important dictionary's shading of that word's application may possess the other.

To meet together in friendly discussion of this or any other problem becomes now impossible—individual hatred has made fanatics of one and all. Helpless to argument as a fish in a net is the man steeped in dogmatic fanaticism. Cast your eye about you, possibly the mote that rests therein may yet permit you to perceive the faults of others, who in turn see your mote as a mighty beam that obstructs your vision. To cast out these motes is as difficult as to take to one's self the time honored text that heads this article:

"Come, now, and let us reason together."

Many are the men, deep-dyed in medical and pharmaceutical ethics, who during past decades delighted to bite and scratch and fight each other over the words "secret" and "private."

To many men involved in the ethics of medicine, as well as pharmacy, these words were alike discrediting. And yet, in some directions, this writer believes that neither word, properly considered, is subject to criticism in either legitimate pharmacy or ethical medicine. Indeed, he has been so bold as to assert, for many years, that the very leaders in self-made ethics, laid down for others to follow, might well, before assailing a neighbor, search their own eye for the mote, which perhaps needs, for location, neither microscope nor telescope.

Take your dictionary. Observe how liberal is the expert lexicographer concerning the shadings of this word, Secret: "hidden; concealed; not revealed; private" (Webster). Note that in establishing its authoritative use, appropriate quotations are offered from various authorities: "Secret graces and virtues are the hidden beauties of a soul." "A secret or silent prayer." Now contrast this implied altruistic use of the word with "I will have nothing underhand." Between there rests a line of shadings that nearly parallel, in their contact meanings, the questionings of a fungus expert perplexed in his art. And yet, in the ethics of some authorities in medicine, but one thought applies to him who practices any phase of therapeutic secrecy. He is not of the Code—altogether bad, he is "irregular."

Thus years ago this writer filled prescriptions for a talented physician, a regular of the regulars. In those days, oftener than now, the "Code" was used as an implement to distinguish between him outside the pale and him blessed by the Code's all-wise protection. This physician stands yet in memory as a conscientious, gifted man, second to no other, professionally or ethically.

Consider now one of his patients, whose face rises to memory's call. Unconscious was she that, a hypochondriac, she was a representative of a peevish class. Medicine she must have to live. To her, the (this) physician was next to the Infallible. And yet time after time his prescriptions for her use were bread pills, dusted sometimes with cinnamon, again with licorice and occasionally with wood ashes. Varied in size and color were they to serve this lady's need, and well did they accomplish their purpose.

And yet some there are who might argue that in comparison with deception such as this quackery need not blush. This question each reader is entitled to settle to his own satisfaction. Another might assert that mind-cures might justify their cause by this bread-pill example, a problem it is also unnecessary for us now to discuss.

Ask the physician of the olden time, whose patients would not take calomel. How many prescriptions of hyd. chlor. mit. were written for these "fanatics!" In those days some persons believed quinine "racked the bones" and bred untold disorders. Cinchona, the Jesuit's pernicious powder, was by some considered of the devil's brew. Ask the physician of half a century ago how many prescriptions he wrote for "Huxham's Tincture" where quinine would better have served his purpose?

In those days it was the duty of the druggist to refrain from explaining to any layman the prescription's content. Is not this yet the proper rule? Did not this secrecy of the physician in his methods of prescription mysticism give rise to charges innumerable? Were not the very framers of the Code against secrecy in medicine, in the eyes of a great part of the public, the most pronounced of all secret practitioners? Did they not, in the opinion of many men, approach perilously near the "Black Art" in their use of cabalistic formulae?

Do not accept that by citing these examples this writer makes an argument favoring the open door between physician and patient in therapeutic agents. Instead, he believes that the physician should not be hampered by unqualified questioners. He should be implicitly trusted. He is called to treat our loved ones because these patients cannot serve themselves. Never does this writer ask his physician the names of the remedies administered to a member of his family or to himself.

The object of this phase of our discussion is to indicate that the term secret needs not, even with a physician, be always accepted in the sense some authorities might and do apply it. The very province of the physician entitles him to the privilege of professional reserve that, for special service, even approaches deception when the patient's welfare so demands. And what of the pharmacist?

Knows anyone the pharmacist who to a physician's patient discloses the ingredients of a prescription? Instead, does he not ever sacrifice himself in financial directions to preserve inviolate the trust placed in him by the physician? Is he not constantly solicited to explain the prescription? Is not, as fifty years ago, the answer: "Ask the doctor; I have no right to discuss the subject"? Does he not accept that secrecy as to some of the ingredients may be very necessary? Have we not examples of cases where the care of a physician as to overdoses was deplorably disturbed by patients who, getting the name of an ingredient, purchased the drug in bulk, to his distress? Behold we not today the evils of self-medication by him who purchases the fashionable synthetics that, in this

writer's opinion, should be administered carefully, even by the physician who stands with his hand on the patient's pulse? Possibly greater secrecy might today be serviceable to humanity. Would it not be better had greater secrecy long since been practiced in some directions? Who knows the dire effects of some of the modern agents unwisely made familiar to the public?

"Come, now, let us reason together!" Concede that some forms of secrecy in therapeutics are closely akin to chalatanism, but that others may be necessary to the patient's comfort and welfare. Let us next consider the word private, which is even more obnoxious to some persons involved in enforcing pharmacy ethics on their neighbors than was the word secret to the purist of the old-time medical code.

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* That royalties were paid by some pharmacists to some physicians is not denied by this writer, who asserts, however, that such processes were never practiced by men classing with his preceptors or physicians favoring them with distinctive patronage.

† In this Cod Liver Oil replaced Neats-foot Oil (U. S. P., 1850), then official in Citrine Ointment.

SECRET—PRIVATE—PERSONAL

(No. 2—Private)

John Uri Lloyd, Phar.M., Cincinnati, O.

Private.—Come, with this word, phases of definition in both pharmacy and medicine, apart from those recorded by almost any recognized authority. In this writer's opinion, the artificial construction localized in both the medical profession's code and the by-laws of the art of pharmacy needs be relieved from any touch of opprobrium when the word "private" is properly employed. Its use, as given by nearly every recognized authority, shatters no professional or commercial ideal that recognizes the right of any one to a privilege in ambition's advancement of both self and others, in science, profession or art.

The "odium" attached to the word private in both medicine and pharmacy is well deserved from one view, as it concerns the impostor, and should not be abandoned. But contrary aspects are by some considered of not less importance, and no definition that attaches to this word a blanket stigma in either art or profession stands as authority by independent legal, ethical or lexicographical standards.

Note a few of the definitions of the word, as recorded by Webster:

Private, a.—Belonging to, or concerning, an individual per-

son, company, or interest; peculiar to one's self; unconnected with others; personal; one's own; not public; not general; separate; as, a man's private opinion; private property; a private purse; private expenses or interests; a private secretary.

Not publicly known; not open; secret; as, a private negotiation; a private understanding.

Private, n.—A secret message; a personal unofficial communication.

In private, secretly; not openly or publicly.

To apply these, fairly, to pharmacy or to medicine shocks no ethical sensibility, if claims for "occult" superiority or unwarrantable pretensions be avoided. A physician is warranted in having private opinions concerning therapeutic problems, and, so far as this writer can perceive, he has a right either to maintain them in his own practice or announce them by open discussion. But to herald to the world unwarranted claims for possession of exceptional qualifications is as improper as for a bank to announce the possession of capital that does not exist. To each the common law of ethics applies—by both the word private is debased if complicated with falsehood.

But it may be forcibly argued that the profession of medicine is a humanitarian cult, that of the banker, materialistic; that the physician is not in general business and has no right to anything private, regardless of personal needs or professional opportunities. To this some might answer, the establishing of a conspicuity that, as a part of a therapeutic specialty makes self-reputation, is in itself a personal business service; that the physician who makes a superior reputation either in diagnosing a class of ailments, or for treatment thereof, brings to himself the return of merit from other afflicted persons, who prefer to trust the successful originator, even though the process of treatment and the agents employed are by him broadly published. It might be argued that the more widely a surgeon publishes his processes and reports successes, disclaiming anything private, the more cosmopolitan becomes his personal opportunity.

Upon the other hand, one might argue that, as concerns the public's responsibilties to a benefactor, it is sophistry to attempt to draw a distinction between the iron-monger who serves the people and profits thereby, and the physician who likewise devotes to them his care and thought. If the iron-monger succeeds in accomplishing something of general value, through private or patented processes, the people, including physicians and surgeons, pay the bill. In like manner, if the physician or surgeon makes discoveries that are valuable, he

should be financially recompensed, if publicity for the general good is accorded. In such as this, each party to the discussion may in all fairness take a part.

However, most insidious, often approaching sophistry, are such arguments, in some of their ethical, as well as material outreaches. That physicians or surgeons should be asked to publish the details and results of every operation or diagnosis, is not acceptable to some persons. That privacy is occasionally a right of every one, and especially in such as this, is a self-evident, ethical axiom. To announce openly, much less publish, the closest discussions of a called consultation of physicians or surgeons, might do much harm. Privacy such as this seems to be a sacred trust.

Turn now to the pharmacist who joins the physician in his contribution to humanity's welfare. Might not one argue that, on ethical grounds, no one should deprive hi mof rights accorded in common law to others, or expect from him greater contributions to humanity than come from others? Might one not ask, should he not have the fullest self-privilege by reason of his personal (private) efforts to excel? Might it not be asked, is not the accomplished pharmacist entitled to even greater personal privileges than the physician, because he is dependent wholly on the materialistic side of his profession or art for his opportunity to serve the people? Is not the pharmacist who devotes his early youth to pharmaceutical education, who in later years spends his money, often the savings of a lifetime, to the limit in acquiring knowledge, confronted with competitors no less unworthy than the charlatan who discredits the term physician? In the name of justice, why should the worthy pharmacist be deprived of personal recognition? Why should any one deny him the returns that he has earned, and that can not come unless he keeps in private details that the charlatan neighbor has not acquired? In this line, knowledge is property, and it might be argued that one of the reasons why young people take a pharmaceutical education is to enable them to become superior in their art; that every qualified pharmacist, be he young or old, who has by sacrifice earned his privilege to the position, is surrounded by competitors with larger signboards over their doors, whose advertisements to the public are such as he is, as a rule, ethically denied.

Summing it up from this angle it might be argued that private processes earned by educational accomplishments by a legitimate pharmacist (even the method of compounding a "face lotion" or an elastic pill) take nothing from others, and that neither law nor justice would demand that a pharmacist

deny himself the privilege of fair business returns through such privacy. Does not this view prevail throughout the length and breadth of the land, in the judgment of the public generally, and, most generously, of the practicing members of the profession of medicine? The physician naturally, as he should, recognizes the fairly earned art of the qualified apothecary, and gives him an individuality. He comprehends that this man of many sacrifices has earned the right to the moderate materialistic return that comes from a superiority bred by self-effort, and gives to him his professional confidence. He comprehends that the operating pharmacist is not a recompensed teacher of others; that no professional fees, paid for professional services, are his part; that his duty to the world is best accomplished in continued private efforts, the results of which he can freely give to the world, if he so desire.

And—this writer also believes that the aim of the faculty of every college of pharmacy is so to instruct the students that their after-lives may be made less irksome. They comprehend that the pharmacist is of all others a laborer of great responsibiility, and that to him who thus serves others, with little recompense at the best, applies the Scriptural injunction, "The laborer is worthy of his hire."

But—and this writer uses now the first person, so as not to be misunderstood—no pharmacist, if he so desires, should be denied the privilege of instructing others, even to the wrecking of his private interests. In this I go even further; the art of pharmacy, the prosperity of the pharmacists of America, both dispensing and manufacturing, rest upon sacrifices made of private opportunities, by teaching pharmacists of the olden time; self-sacrificing pharmacists, who, in the privacy of their shops and homes, toiled, accomplished, gave, and taught. The names of a great number come now to memory. The faces of these exemplary men rise successively before my eyes, as I pen these lines. And also come, unbidden, the faces of not less sacrificing, not less modest pharmacists, who today are worthily utilizing, for the benefit of others, the wealth handed down to them as a sacred trust.

To such as these applies the Scriptural injunction, "It is better to give than to receive."

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* Indeed, that fair-minded pharmacists recognized the justice of the case can be testified, because "Gordon," with whom this writer was an apprentice, purchased the preparation from "Fennel" in order that Dr. Williams might have no reason for complaint.

† By right of experience do I write. After Dr. Chapman failed in business, for two years he was "head clerk" of Mr. Gordon's pharmacy. Under him an apprentice needed no incentive to master his art—Dr. Chapman was enthusiastic in his misfortunes.

SECRET—PRIVATE—PERSONAL

(No. 3—Personal)

John Uri Lloyd, Phar.M., Cincinnati, O.

> "Personal.—Of or pertaining to a particular person; relating to, or affecting, an individual, or each of many individuals; peculiar or proper to private concerns; not public or general; as, personal comfort, personal desire."—Webster.

Wherever one turns eye or thought, comes to view a thing newly perceived or a thing recollected, to remind of something else. The leaf of this tree, the flower of that shrub, speaks relationship with others. The fragrance of this aromatic gum or resin reminds of another; the juice of this cane reminds of other sweets; the chewed leaf of acetosella of other sours; a sliver of gentian brings to thought other bitters; the smoke of smoldering cascarilla reminds of musk. $ndeed, a single substance may play a double part, as thought turns first to one substance and then to another. Close your eyes, warm the blossom of the sweet shrub in your hand, think of strawberries, then bring the blossom to your nostrils, the aroma of strawberries comes also. Think of pineapples—behold, the same unweighable emanation from the same blossom impresses the senses with the likeness of delicious pineapple. The taste of dulcamara is first bitter, then comes the sweet after-taste —hence the well-applied name, "bitter-sweet."

Personal is each things that is—and yet, no two leaves are exactly the same in contour, edge and thickness; no two odors are precisely alike; separated is each from the other by some distinction, slight though it be. Although nature leans on the one-ness of the family relationships, inherent in its several parts, there are yet shadings bespeaking individual distinction. To level the whole by destroying the personality of each fragment in this mighty mass would be untenable, unthinkable.

Akin to the modest violet, clinging close to the earth in the woodland's shadows, is the mighty hickory that, far separated by structure and nature, rears its head aloft and basks in the sunshine above its fellows of the primeval forest, looking down even upon the top of its sturdy oak companion. A cloak of bark has each trunk—that of the hickory shell-like, that of the oak deep-furrowed; the violet nestles perhaps in a crevice of the root bark.

Who would seek to endow the snow-white lily of the valley with the glory of the wild rose, or, because the lily, compared

for its beauty with the glory of Solomon, is white, would take from the rose the blush of red that crowns its thorny stem? Who would drive from the dove its gentle personality, or make of the eagle a trembling nonentity? Wherever In air, liquid or earth man turns the critical eye, come family relationships, as well as individual distinctions, that teach him inclined to reason from the lesson nature spreads before him, that this mighty maze is not a disjointted medley, but a systematic whole, in which the greatest lessons, of strength, usefulness or beauty, may come from a study of the closest shadings that tend to personality.

Turn thought now to man, whose complicated accomplishments are cosmopolitan in the extreme. Restrict it to those concerned in the various sections of pharmacy. Should they be denied the right of personality? Instead, is not the field of him involved therein so great in its recesses of observation, as well as research opportunities, that all-important to the world at large is **personality?** Is there not room for each individual to stand distinct as contrasted with others in his vocation? Does not the very acme of pharmacy's opportunity and service to humanity, as a whole, depend on the **quality** distinctions of her votaries?

Back, five decades and over, turns the thought of this writer, to where, in the commencement of his studies, behind the prescription counter, fifteen years successively he stod a "druggist's clerk," aiming to qualify himself as far as possible in the art o fpharmacy. To have suppressed the **personal** ego so earnestly encouraged by his preceptors would surely have been to blast life's opportunity. And yet, it is plainly apparent that artificial, medico-pharmaceutical ethics of that period, indiscriminately illogical, were persistently endeavoring to suppress individuality of pharmacists who, by studious effort leading to personal business opportunity, were seeking future professional recognition.

Who of that period cannot recall the "codists'" blanket efforts to prevent physicians from a right to direct a patient to a pharmacist possessing exceptional qualifications, in perhaps one phase of the art needed in a specially devised compound? Who of those times cannot recall, not by innuendoes alone, but open charges that **royalties** were paid physicians by the pharmacists who, by earned distinction, had merited the right to prescription favors? Who of that period cannot bring to mind reflections cast on both the physician and the pharmacist when a physician directed that a prescription be

taken to a certain pharmacist whom the physician knew to have become qualified, by experience as well as by special research, in some phase of the art the physician recognized as essential?*

May we not individualize by citing a few examples from times gone by?

Prof. A. Fennel made himself a reputation as a pharmacist second to none anywhere. One of the specialties worked out by him for Dr. Williams, the famous leader of American eye specialists, was **Brown Citrine Ointment.**† Dr. Williams knew from experience that, as made by Prof. Fennel, the substance, which for use in the eye needs be unquestioned, was exactly as it should be. And yet, were not innuendoes cast at those two conspicuous leaders in their respective professions? **The ethics** of the **levelers down** were being broken by this "partiality." Everyone knew that no risk was run when the label of the talented pharmacist, A. Fennel, was on that jar.*

Prof. Wm. B. Chapman, a pharmaceutical educator, experimented (1864-1865), in his modest little apothecary shop, until his pin-dipped gelatin capsules, pioneers at that date, attained a well-earned professional reputation, Cincinnati over. And yet scarcely did a physician dare to specify "Chapman" on a prescription. At that date suppositories were made by pouring medicated cocoa butter into paper cones, each resting in the mouth of a wide-mouth vial. Chapman devised a metal mould, two sizes, one capable of making twelve, the other six, suppositories. He experimented with excipients until he determined not only that an addition of ten per cent. of Japan wax improved the cocoa butter, but that different proportions were desirable with different drug admixtures. A great study did he make of suppository problems and distinction necessities.

Here, too, prevailing **ethics** tended to crush the personality of him who **knew** in pharmacy, by right of discovery and of persistent thought and experimentation, care and effort. Wrong was it for any but the most independent physician to give personal recognition to this man's distinctive qualification in this specialty he had developed. Standing head and shoulders above all others, yet for Chapman to have **advertised** either his gelatin capsules or his **suppositories** made by means of a mould, would have been to damn him ethically. In the case of this exemplary man, such misapplied ethics, applied to the limit, kept him ever in commercial shadows, losing to him finally his loved pharmacy. Came the thought to this writer, in a final visit to Prof. Chapman's humble home, where

lay this man of science, breathing his last—"If regularity in ethics brings to such as neither personal opportunity, professional distinction, nor well-earned home comforts, such ethics is a misnomer. Better to live afar from the Code, contribute to humanity as an individual privileged to give or not, as seems proper, and die an **irregular.**†

Probably each reader of these lines engaged in prescription pharmacy half a century ago, in any American city, can testify to incidents paralleling such as this, incidents bespeaking the wrong resulting from a misapplied code devised to **elevate** the many at the expense of the few.

And what of the present? Let those concerned therein speak. They can answer the question as to how recognition is now given him who, in enthusiasm, devoted years to the study of the pharmacist's art, as contrasted with him who came into it from the outside, who never filled a prescription, never attended a college of pharmacy or served an apprenticeship, and yet blazes his name as pharmacist, close to his "cut rate" sign, and, as the law permits, engages a clerk.

A Plea for Justice—Is this writer alone, all alone, in asking that balanced thought be given the shortcomings of this great **ethical problem** that, founded on past altruistic ideals necessitated by deplorable abuses, stares the faces of those who today enter this field to study, work, sacrifice, in humanity's behalf? Is it possible that the young man who seeks to qualify himself above the multitude indifferent either to true ethics or earned service, seeking the opportunities given by our colleges of pharmacy, will forever be denied **personal** recognition earned thereby? Is he forever to compete with commercial tradesmen—forever to be denied **personal** recognition, even by the profession of medicine? Is he, after his care-earned diploma is handed him, then to discover that his **personality** is to be suppressed, under the misapplied argument that one pharmacist is the equal of another—that he can not assert his personal right to manipulative superiority? That all he evolves must be open to others—that he must needs, perhaps, give a gold mine to his advertising competitor, or a moneyed man's business investment? Is he forever to be governed by either a written or an unwritten code of laws that, formulated by men who make their living otherwise, has never harmonized, and never can, either with rules of business, precepts of law, or commercial methods that govern the processes of men the world over? Are our teachers in our colleges of pharmacy not to be encouraged in their great sacrifies, so that they can in some way reasonably assuer their

graduates that merited recognition will be given well-earned **personality,** whether they create a something new, or make a serviceable discovery touching medicines?

Summary.—Take now the three words, **secret, private** and **personal.**. Draw better than does this writer, if one can, a sharp distinction between each, as contrasted with the others. With all ,differentiating shades of expression run into each other, with all, good or bad ethics may result if respective definitions be inflexibly applied thereto.

May not this series of studies, based on a lifetime spent in pharmacy, be considered as an attempt (very superficial) to do no more than lead thought in some way, to consider the possibility of giving both ethical credit and substantial return to the qualified pharmacist to whom such is due? That is, if any code other than a personal acceptance of "The Golden Rule" is essential to life and action either of persons engaged in the profession of medicine, or those concerned in the art of pharmacy.

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* Too well this writer appreciates that "Cut Rate" signs are not a monopoly of the psuedo-pharmacist. Nor are extravagant newspaper advertisements restricted to untaught physicians.

NEWS ITEMS

Asa E. Fletcher, M.D., has changed his address from 1041 North 33rd street to 3328 North 27th street, Omaha, Nebraska.

The Denver Chemical Company has changed their address from 57 Laight street to 20, 22, 24 Grand street, New York City.

Married: Dr. Russell W. Prince and Miss Edith A. Mullen were married in Los Angeles September 23, 1919.

Dr. J. Albert Born, Spokane, Wash., has been touring in California and expects to locate in Southern California as soon as he can dispose of his interests in Washington.

Dr. S. Savage, Lancaster, has gone on his vacation for a few weeks and will visit his mother in Denver. She will return to California with him to spend the winter.

Dr. A. A. Prall has changed his address from Anaheim to Huntington Park. He is taking care of Dr. Savage's practice at the present time.

The California Eclectic Medical Journal

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:: Original Contributions ::

PLEASANT TASTING MEDICINES

J. A. Munk, M.D., Los Angeles, California

Read before the California Eclectic Medical Association

Eclectic doctors know of the great diversity of tastes in medicines, as they use a larger variety of drugs than any other class of physicians. They seek and adopt useful remedies of all kinds obtained from every available source. These include both vegetable and mineral products, and no two taste exactly alike. The only wonder is how nature managed to invent so many different flavors.

The therapeutic value of a drug is, of course, more important than its taste, but both questions deserve consideration. No patient likes to take a bad tasting medicine and such a remedy should not be selected if it can possibly be avoided. The old notion that a medicine had to be disagreeable to be effective, and was valuable in proportion to its nasty taste or drastic action, is out of date as people have learned to love sugar. The harsh method may sometimes work successfully on the coarse or ignorant who are of that nature and do not know any better, but is not a desirable procedure. Nature's perfect physiological laws act without friction or discomfort of any kind and she should be imitated in all things.

Individual preferences are apt to differ and what is agreeable to one person may be distasteful to another for no apparent reason. A neutral taste is, perhaps, most generally preferred, a few aromatic flavors are sometimes pleasing, but anything sweet is universally acceptable. If it can be done without detriment to the sick, it is always best to use a pleasant tasting medicine, as it leaves a good impression upon both the mind and palate of the patient. To show such consideration helps to establish cordial relations between

the doctor and his patient, which makes a desirable coalition, as the doctor wants the patient to be an ally and not a hostile.

Many medicines are naturally bittter, while others have a variety of mawkish tastes that cause difficulties in ministering satisfactorily to the necessities of a sensitive patient. Here, especially, personal taste has to be consulted and the patient not needlessly offended. However, it is a matter of almost daily occurrence for the physician to meet people who relish a bitter taste, if it is not objectionable in other respects.

A physician in the performance of his professional duties naturally falls into the habit of giving pleasant tasting medicines, rather than of using disagreeable ones. But if a bad tasting medicine is indicated and really necessary for the good of the patient, the taste should be ignored and the right remedy administered regardless of taste.

For many years Lloyd Brothers' Specific Medicines have enjoyed an enviable reputation and established a new standard in drug quality. These remedies are not used exclusively by Eclectics, but are also employed by physicians of every school of medicine. Although the taste is important, yet reliability is of still greater importance. Each one of these medicines represents in elegant form all of the virtues of the crude drug. Many of them are practically tasteless and physically perfect in their original state and cannot be improved by making any change in the method of their manufacture. Numbered among these selected remedies are aconite, belladonna, ipecac, cactus, pulsatilla, etc., that mix clear and tasteless with water. Other medicines of the group are not so fortunate, on account of containing constituents which are distasteful and difficult to eliminate. When such agents are prescribed at the bedside, as is usually done by mixing a few drops of medicine in a glass of water, the solution turns milky or opaque and deposits a sediment upon standing. This action does not necessarily impair its value as a medicine, but gives it an unattractive appearance and taste.

A fortunate circumstance of recent occurrence has made it possible to raise these imperfect medicines to the same high plane as those of best quality. It is done by a new process of colloidal chemistry that was discovered and developed by Professor John Uri Lloyd. It has wrought in them a complete change, so that every single item in the list is made a thing of beauty and a joy forever.

Only a few of the Specific Medicines have yet been

treated by the colloidal method, but others are being added to their number as fast as they can be produced. I have experimented with several of these new preparations, namely, apocynum, eupatorium, chionanthus, gentian, matricaria and sanguinaria and find them to be everying that could be expected or desired. The mawkish taste and other disagreeable features of the drug have been eliminated and the useless gummy chlorophyl is no longer present to make a murky mixture when it is mingled with water. All of its valuable properties are retained even to the important bitter tonic principle, which has been so modified that it is made inoffensive. The drug loses none of its own peculiar flavor or aroma by the operation and the vital essence, upon which its curative power depends, is present in full measure.

The absolute reliability, elegant appearance and admirable admixture with water of these preparations, makes them the **ne plus ultra** of all medicines of our time, and they are far superior to anything yet attempted or produced in pharmacy.

SURGICAL TREATMENT OF GASTRO-COLOPTOSIS

O. C. Welbourn, M.D., Los Angeles

Read before the California Eclectic Medical Association

It so happens that there is a marked similarity in structure and arrangement of the abdominal organs of dog and man. In the dog the spinal column is carried normally in a horizontal position while in man it is normally carried in the perpendicular. Man's egotistical sense of superiority is not increased by the knowledge that the dog has the better arrangement. When a man assumes the erect posture all the abdominal organs have a tendency to slide into the pelvis and the pelvic organs to push out through the orifices. As a result he may develop gastroptosis, coloptosis, nephroptosis, hepatosis, hemorrhoids, residual urine, prolapsus or mal position of the uterus and its adnexa as well as various forms of inguinal hernia. All of these diseases are practically unknown in the dog and largely by reason of the fact that he does not assume the so-called erect position. We feel assured that should man resume the all-four position that the diseases above enumerated would no longer be found. But to do so would provoke other difficulties which might prove even worse. Unfortunately man is in a transition stage—he has passed the horizontal posture and has not fully arrived at the perpendicular. We prophesy that in another million years the structure of man will be considerably improved and

should any of you happen to be sojourning upon the earth at that time we trust that you will see to it that due credit is given this timely forecast.

The stomach is held in its position by the apposition of the other organs as well as its attachment through continuity of structure with the oesophagus and duodenum. Between these two attachments is a reflection of peritoneum from the stomach to the liver called the gastro-hepatic ligament. In my experience in cases of gastroptosis this structure is not a ligament at all having no more tensile strength than so much tissue paper. The transverse colon likewise is held in its position by apposition of other structures; also by the gastro-colic ligament, the latter consisting of a few blood vessels, more or less fat, and a reflection of the peritoneum. Frequently this will be found to have good tensile strength, but when the stomach is prolapsed the colon naturally goes with it. Occasionally we have found coloptosis with the stomach in normal position. In such cases the gastro-colic ligament will be found to be without tensile strength. With increasing experience I am led to conclude that the primary cause is a congenital weakness of the structures involved. Insufficient support is necessarily followed by gastro-coloptosis, which in turn produces an indigestion—gastric or intestinal or both. The word indigestion covers a multitude of sins and has no scientific meaning. However it is used quite freely by the laity and patent medicine men.

Until the recent perfection of the X-Ray apparatus a diagnosis of gastro-coloptosis was exceedingly difficult. It required a great deal of personal skill on the part of the examiner and the conclusions were correspondingly inaccurate. Certainly the patient was not usually impressed in such a way as to consent to surgical treatment. The use of the X-Ray will give the diagnostitian some accurate data, not otherwise obtainable, which if properly interpreted results in a more accurate diagnosis, also it offers opportunities for a demonstration to the patient and friends, through which he sees the hopelessness of any but surgical treatment.

The surgical treatment consists in the performing of one of the operations which I mentioned in my paper at our meeting one year ago; or some operation of more recent development. You understand that this is a new surgical field and improvements are being made right along. At present I am working out a method to suspend the pyloric end of the stomach from the round ligament of the liver. So far the results have been very encouraging and promise an increasing percentage of absolute cures. In fact, the surgical treat-

ment of that form of indigestion caused by a gastro-coloptosis can now report so many cases as cured that it has become a recognized mode of treatment. However the procedure to be employed in a given case is still subject to the whim or judgment of the operator.

ANEMOPSIS CALIFORNICA

J. A. Munk, M.D., Los Angeles, Cal.

Further inquiry shows how extensively anemopsis is used among the native Mexican population of Southern California. They use the plant in almost every kind of ailment, and because of its general use it has received the common name of yerba mansa, or household herb.

It is constantly employed in the form of a decoction, which is then applied either locally as a wash to the inflamed or ulcerated surface, or is taken internally as a tea for blood diseases and catarrhal conditions of the mucous membranes. It is used by the natives both as a lotion and as an injection, and is a simple and common cure for piles. It is also considered to be a sovereign remedy in heart disease, as a quieting agent, when that organ is unduly excited. In local swellings and painful tumors of the body, the green leaves are boiled or fried in lard or other kind of fat, and applied as a poultice or hot fomentation to the part affected. The Mexican, seemingly, could not keep house without this remedy in the family.

Its properties are stimulant, expectorant, astringent, alterative and antiseptic. It also acts as a sialagogue and carminative, relieves flatulence and promotes digestion. For these and other purposes, when the patient is able to be about and not seriously sick, a piece of the rhizome can be carried in the pocket and nibbled whenever a little of it is needed or desired. After the root has become perfectly dry it requires a good set of teeth to bite it. Used thus, it imparts an agreeable warm taste to the mouth, and if swallowed with the saliva it imparts a grateful feeling to the stomach.

Its chief value is in treating nasal catarrh and other forms of catarrhal disease. In catarrh of the nose it is used locally with an atomizer as a spray, but it is also given internally. The strength of the spray should vary to fit the conditions. In acute and sensitive cases it should be used weak, but in chronic cases it is required stronger. If it acts as an errhine and causes sneezing, the strength should be reduced, and not used strong enough to cause discomfort. When it first touches the Schneiderian membrane it creates a feeling of warmth and possibly some irritation, but this is quickly followed by a comfortable sense of relief.

For ordinary atomizer use, from five to thirty drops of the specific tincture, in a two-ounce mixture of glycerine and water, is about the right strength for a majority of cases. This quantity of fluid nearly fills an atomizer. If the tincture is added to water only, it causes a cloudy mixture that separates on standing and causes a precipitate that clogs the atomizer . If one or two drops of glycerine be added to the water the mixture still remains opaque but does not separate, which fits it for use in the atomizer. This will keep it from spoiling indefinitely, and it changes only in appearance from a milky to a pinkish or opalescent hue.

While using a spray of anemopsis it should be snuffed up the nose until it is felt in the throat. If the patient now performs the act of swallowing it causes the soft palate to close, which forces the spray into the sulci or pockets of the nasopharyngeal mucous membrane and touches every diseased spot. By the act of inhalation some of the spray is carried into the bronchial tubes and air cells of the lungs and applies the remedy to the entire respiratory tract. The spray should be used as often as is necessary, from one to a dozen times a day. If the spray is used as soon as the first symptoms of cold in the head are felt, it will usually arrest it in a few applications. There are times when a patient is subject to repeated attacks of cold, or by taking fresh cold almost before the first one is relieved and is followed by a second attack, and keeps on repeating. This character of cold denotes periodicity, and calls for an additional remedy in quinine, which should be given in suitable doses in the interval between attacks.

Anemopsis should be given internally at the same time that it is applied locally, as its curative influence is also exerted upon the mucous membranes through the blood. By its kindly stimulating influence it helps to clear the passage of mucus, and aids in overcoming congestion and inflammation. It is a valuable remedy in bronchitis, and allays irritation, promotes expectoration and relieves cough. It is useful in all pulmonary diseases, and is even a promising remedy in tuberculosis; but here it needs further testing.

In catarrh of the intestinal canal it is a valuable remedy used internally by the mouth as well as by injection per rectum. For internal use it may be given in doses of the fraction of a minim to ten drops in water or any suitable vehicle that is adapted to such cases, four times a day, and preferably before meals and at bed time. If used as an injection in intestinal catarrh, the enema should be given with a high rectal tube, beginning with a weak solution and increasing its strength as the case may require. It makes an efficient

vaginal wash in leucorrhea, and should be used once or twice daily.

In syphilis and all blood dyscrasias its action is curative, but needs to be further studied to decide its full field of usefulness.

Anemopsis is indicated in all catarrhal conditions with increased secretion of mucus. It is a remedy for colds, nasal and intestinal catarrh, bronchitis, tuberculosis and syphilis. (National Quarterly.)

ADVANCED MEDICINE

Lyman Watkins, M.D., Blanchester, O.

In the dawn of the twentieth century many wonderful events have transpired, and it requires but a slight effort of the imagination to foresee still greater heights of achievement. By the scientific application of known principles, the transformation of energy and the abrogation of the laws of gravity, are no longer vague and indefinite propositions, but are well-established facts. In all this advancement along the lines of progress and development, medical science has not stood still, but has also brought forth from experiences of the past much that is good for the welfare of the race. Indeed, it is sometimes said that the efforts of the medical profession for the betterment of mankind are slowly removing the necessity for such a profession.

Improved hygiene, the prevention of contagious and infectious diseases, public instruction in the laws of health and prophylaxis, all tend to render the health of the people better and the need for the physician less.

The treatment of disease has made great steps in advance of the past, and many conditions are now remedied that were formerly considered incurable and hopeless, or which were made so by our blundering attempts to heal.

In the treatment of nervous affections, of insanity, of various psychoses and neuroses, we have reached a point where our ability to relieve and cure seems to be greatly increased.

We now regard the former state of the insane and the mentally incompetent with much regret and pity, when we recall the treatment accorded to them in past years. The cruelties, harsh and destructive methods applied to the mentally afflicted in the not very remote past, are familiar to those who may have acquainted themselves with history. While we may not unkindly criticize our predecessor, who doubtless were sincere in their efforts to ameliorate the condition of

this class of sufferers, still we can now see that other measures are better, and we no longer regard the insane as monsters or criminals. In the light of modern methods the medical profession indeed casts out devils, raises the dead and restores the sight to the blind.

The pathological states in which the individual is practically dead to the world, consist, in part, of cretinism, brain tumors, thickening of the skull, depression of the inner plate, spiculae, rectal wrongs, ovarian derangements, paralysis from cerebral or spinal pressure, irritation of the vagus in any of its terminal distributions, and impoverishment of the blood by frequent pregnancies or excessive lactation, by irregular modes of living and overwork. We are now able to restore to health and a useful life many of these patients.

The excellent results following the removal of adenoids, and the correction of visual, aural and dental wrongs, and the applications of orificial surgery, are now established beyond criticism. And thus we have been able to "cast out devils," for it has been found that a large percentage of the criminal young, and of those children who appeared to be "naturally" vicious, have been affected with some inherent wrong of structure. In many cases the removal of these sources of irritation has been followed by a favorable change in the disposition of the patient, and they have become tractable and right-minded. It is also shown that children who were regarded as slow in their studies or who were dull, stupid and sluggish, have, by the removal of these structural aberrations, become bright and energetic, with a favorable change in their entire mental equipment. They had been handicapped, held back, and were not allowed a square deal because of natural defects. The old adage, "Let Nature alone," has been shown to be a fallacy, for in some instances nature left alone will produce a fiend, an idiot or an incompetent. Medical science comes to the rescue.

We are able to improve the condition of those afflicted with visible wrongs, such as are amenable to treatment, but no doubt there are many who are suffering from internal defects as yet undiscovered, but whom we have not learned how to help. In fact, there is no abnormal condition without a cause, whether this be mental or physical, and every criminal and every individual who is mentally awry in any manner, is a subject for the physician rather than for the prison or the asylum. At present we must confine our vicious and our insane for the protection of society, but, after all, the fact that we must do this is but a confession of our lack of skill to successfully diagnose and treat such conditions. However,

we are progressing. Perhaps in a few years our successors will marvel that we did not know better how to treat the sick; for as we stand upon the mistakes and successes of the past, so will future generations stand upon ours.

It is no longer considered a miracle to restore sight to the blind, for this is now done by skilled operators in every country. Not only are the blind made to see, but even better, blindness is prevented in many cases. In the State of Ohio, and also in others, no doubt, two thousand out of every five thousand blind are needlessly so—that is, by proper measures at the proper time blindness could have been prevented. The State has undertaken to dispense a general knowledge of the cause of infantile blindness and the remedy. Every physician, nurse and midwife is provided with literature on the prevention of blindness, which they are urged to disseminate among the people. Great good has and will come from this movement.

Medical progress has caused a new religion to arise, of which President Eliot, of Harvard, says the physician and the surgeon are the priests. For now, when an injury is received, the patient does not hie himself away to pray to an invisible deity, saint or god of wood, stone or brass, and perhaps die of septic infection in the meantime, but goes to a surgeon, has his would disinfected and dressed with antiseptics, and is soon at work again. Indeed is this new "god" so well recognized that wherever workmen are congregated a surgeon is held available, so that life, time, trouble and expense may be saved.

Now no longer, when yellow fever, bubonic plague, cholera or destructive contagia threaten, are the church bells rung and the people called upon to pray that these calamities may be averted by divine interposition; but we isolate, quarantine and meet the danger boldly with germicides and disinfectants, and so stamp it out in its incipiency. Even the dread disease tuberculosis, that has in the past levied a toll of one-seventh upon mankind, is no longer contended against so much by prayer as by prophylaxis. The new deity, the new religion, the new church, supplants the old, inasmuch as we are taught to rely upon our own efforts rather than upon the unknown and unseen power, which is, after all, as it should be. A feeling of pride arises when we contemplate the good done by the medical profession. It is one of the noblest of callings. What can be more commendable than to heal the sick, relieve suffering and prevent disease? It is indeed an honor for a man to be able to say, "I am a physician." (National Quarterly.)

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THE CONVALESCENT

It seems to the writer that the medical profession as a whole looks upon the convalescent with rather a feeling of indifference. Moreover, we believe that this attitude has increased somewhat in recent years. Possibly this condition is fostered by the belief in medical nihilism which has been the fashion of late. Certainly if a doctor can do but little for a patient during the active stage of illness he can do less when the patient is convalescent. While it is true that there is a tendency for a convalescent patient to recover, yet it is also true that many things can be done to make this tendency stronger. Also it is necessary to be on guard against the development of complications, or even the formation of new and distinct diseases. During convalescence the diet should be carefully regulated because the appetite is capricious and not a safe guide. Some patients eat too much while others eat too little. Some eat too much one day and too little the next. Again, the food may not be of a suitable character. Digestion and assimilation are of prime importance. Also we must not overlook the secretions and excre-

tions. Autointoxication in a greater or less degree is always present. Inasmuch as it is a manifestation of inefficient functioning in one or more of several organs, there is no panacea. The problem is to determine which organs are at fault and in what way. After an accurate diagnosis is made the proper remedy will suggest itself. The exercise must be carefully supervised. Most convalescent patients are too optimistic. They over-exercise, exhaust their strength and suffer a relapse. Then they become pessimistic and blame the doctor. This is equally true whether they are recovering from a surgical operation or a medical disease. In many instances these untoward results are caused by the careless advice of the family or friends. The average person is full of advice, and the less he knows the more freely it is offered. As we view the question it is the duty of the doctor to take an active interest in the patient until recovery is complete.

ASSESSING THE VALUE OF SYMPTOMS

By Sir James MacKenzie, M.D., London, England

Delivered Before the American Association of Industrial Physicians and Surgeons, Chicago, Ill., June 10th, 1918.

It has been a great distress to me for many years to see how medicine is being diverted out of the true and proper direction. In the last forty years, what I call laboratoryism has dominated medicine completely. Now if any man has anything the matter with him, he is supposed to be examined by laboratory methods; and the physician wrings his hands and says, "Clinical medicine can make no advance until the laboratory gives us some new methods." I say, medicine has not been studied scientifically. A beginning has not been made.

When I come to a town such as this or any other abroad, as in France, Italy or Germany, I am always taken to the pathological laboratory and shown dead specimens with wonderful staining; or I am taken to the bacteriological laboratory and shown the growth of different microbes in different foods; or I am taken to the ward and shown the signs of disease with X-ray photographs of the different complaints. Now, if I say I want to see these diseases, not at this stage, but in the very early stage, when they begin their deadly work, they say, "No one knows anything about that." It is when the disease has made the man hopelessly ill that they study it with a minuteness and care that leaves nothing to be desired; but in the beginning stage, when the disease is curable, noth-

ing is done, or what is done is left in the hands of whom? Look at the out-patient department, when the patients are in the early stage of the disease, when the disease is most difficult to detect, when it requires the greatest knowledge to perceive it, and when it is most hopeful for treatment; and who has charge of it? The youth without any knowledge. Time after time I have sat in the out-patient department and seen a man come up and say, "I am ill." They say, "What's the matter?" They look him over and see no physical sign. They give him a bottle of medicine and tell him to come back later. When he develops a physical sign he is sent to the ward and treated by wonderful laboratory methods, until the disease ceases to interest them; but there have been no steps taken to study the early stages of the disease.

I was a general practitioner and was educated at Edinburgh University, where they do the work very thoroughly according to present-day theories. I went into practice and the cases that I saw were not the cases that I had seen in hospital practice. These people, nine or ten, came with vague complaints. I could not make out what the complaints were, and thought this was due to my own ignorance, and that it was because I did not understand the complaints; but I imagined that if my teacher had been there he would have been able to tell me what the matter was. Consequently I looked around and tried to improve myself; and it gradually dawned on me that the knowledge that we want as general practitioners, does not exist. As my studies went on, I found that we were ignorant of the simplest elements connected with disease.

A man comes to you with a complaint of an irregular heart. The man says, "What is going to happen to me?" "I don't know," you say, "but here is a book; we will see." Do you think you will get the information? No. It does not exist. That occurs with every symptom. I will give you an instance in support of this.

When I was laying down these views to a friend of mine, who had been a most brilliant student at college, he said, "It is true. When I first went into practice I was called to see a man who was ill and I said to his wife, 'Your husband has pleurisy.' She said, 'When is my man going to be fit for his work?' That woman had the key to philosophy that is missed by every man." He said, "I was stumped. It has never been hinted to me that this was a question likely to be asked." Yet this is the question that you, as industrial physicians, are asked every day. There is a question called prognosis, which I call assessing the value regarding a man's future. It

is a science of the first importance in every respect, and yet that very first step has not been taken to find out how that portion of medicine should be studied.

There is no use asking the laboratory man to do anything towards prognosis. A pathologist cannot tell, a bacteriologist cannot, and a surgeon cannot; because, poor fellows, they see the thing only at the end of a long illness. If these men are incapable of teaching you prognosis, the question is, who is able to do this?

This is not an English question. It is an American question, and a universal question. I remember, for instance, an incident of this sort: A man, I think from Winnipeg, discovered that something was wrong with his heart. He consulted his local doctor, who pottered with him a few months and then sent him to a great city called Chicago. He was under treatment here for a month. Then they sent him to New York. He was there a month, and they said, "Go to Nauheim." On board the ship they told him to go and see me. As soon as he sat down, he said that.

I said, "What is your business in Winnipeg?" He told me. I said, "Take the first ship back, and attend to it, and never feel your pulse again." He wrote me that he did. This was eight years ago. If he had gone to Nauheim—well, I think that you Americans are to be blamed, because you have given the Germans a swelled head. I used to hear of the wonderful cures there, and I went there eighteen years ago and found cartloads of wealthy men there being cured. If there is one humbug on the face of the earth it is Nauheim. I never was so astonished as I was at the standardized humbug I saw there. I said, "Show me the men you are curing;" and they showed me neurotic men who had nothing the matter with their hearts. They showed me a little girl and said, "She has an irregular heart. She fainted three months ago and has irregularity." I said, "That is the sort of child that I send out to play in the fields." I went from one place to another to see who did get better from lying in soda water or carbonic acid water. There is no cure. It is a pure game of bluff, neither more or less. They had a following in London, because there is money in the job, you know.

How did this stupid Nauheim craze arise? Because we do not know the meaning of prognosis.

Going back to 1890, when Broadbent published his book on irregular pulse, you will find things described there in an indefinite vague manner, differentiation being based on no natural affinity. So I had to proceed to differentiate one form of irregularity from another, because if you are going to study

the prognosis of any bodily symptom, you must separate it from others resembling it. It takes me a long time; but I find I've got to take a record of the simple pulsation with a radial pulse. It was then that I found that the first attempt at scientific differentiation was made by that method. If any of you takes up original investigation, I cannot tell you with what pleasure you will discover a new future in medicine. I remember yet the woman from whom I was able to get a radial tracing in which the beating occurred, then a pause; and then the beating went on while all the time the auricle was beating regularly. Then it was that I first discovered that the ventricle could beat independently of the auricle. That led to the great expansion of the study of arrhythmia that has taken place since. It is characteristic of the conservatism of England that no one would publish my papers at first. It was only because I held a college position that some man who was short of material published my paper; and he was taken to task by a fellow of the Royal Society, who said, "You have made a mess of your journal, because you have let that MacKenzie write an article for you. No one knows who he is."

Knowledge is general. It does not belong to any one individual more than another; but if you were to ask why it is that what little honor has been given me was given—why, for instance, was I made a Fellow of the Royal Society?—they would say it was because I introduced laboratory methods into clinical medicine. That is all nonsense. The least thing I did was these mechanical toys. They say that I invented the polygraph. That was the least thing that I did. The invention was only to enable me to get a clear differentiation of one thing. The work that I did does not appeal to one out of a thousand physicians and surgeons. No laboratory men, pathologists or physiologists, can understand what I was doing. That is, trying to find out the symptoms. What I had said to myself from the beginning was, "What is going to happen to that man who has that irregularity, what will happen to a poor woman with an irregular heart?" I would go down daily and attend a woman in confinement, to find out how a woman with an irregular heart would go through pregnancy. If I found a working man with an irregular heart, I would have him come and see me once a month, and keep records. If a man got pneumonia with an irregular heart, I would attend to him to see what would happen to him. In that way, I differentiated the irregularity of no moment for those of serious kind. Many were of purely physiological origin. I had to begin to reconstruct the science of prognosis, to know how to

make a prognosis; and that science has not yet entered on its elementary stage. That is why I am appealing to you folks, because it is to you that the future of medicine must look to find out the value of symptoms. When your patients come to you complaining of this or that pain, with an indefinite illness, you should make a careful note of all the symptoms that you are able to detect. Keep in contact with them as many times as you can. Then you will begin critically to see the meaning of the early symptom.

My purpose today in speaking is not to show you how the thing could be done, because that would take too much time, but to arouse your mind to the fact that there is a problem. Until you know that there is a problem, you will not try to solve it.

Then there comes the question of how that problem can be tackled. I do not know whether I can convey the idea clearly to your minds or not. There is needed a new outlook on medicine; a new generation in medicine; and if we are content to go on using the old methods that will never come.

I am not saying anything against laboratory methods. I told Dr. William Welch that he had a most pernicious influence on medicine, as I told Sir Almroth Wright; because the laboratory man, pathologist, bacteriologist, etc., should be the handmaid or servant of the general surgeon or general practitioner. Instead of being servants, they have raised themselves so high as to dominate the surgeon and general practitioner, and direct attention away from the only necessities of medicine. To show that I have the strength of my conviction—in London, up to three months ago, I had what probably every physician deems the best thing, one of the best consulting practices in London; but I could not get these ideas worked out. I said to myself, "If I stay here, I shall never get them worked out;" so I shut the office and went to St. Andrew's, and took up the work of a general practitioner. I have given up my work, to do something; if possible, to lay the foundations of a new conception that medicine actually called for.

THE SYRINGE HABIT AND INTESTINAL PUTREFACTION PRODUCTS

Permit a little discussion of putrefaction products as introductory to some strictures against the syringe habit.

Bacteria plus protein makes for the putrefactive processes, and a carbohydrate diet limits this bacterial action. It is principally in the large intestine that putrefaction prod-

ucts are developed. Indol and skatol, to whichc the odor of feces is principally due, are the principal decomposition products, but volatile fatty acids, certain phenols, hyrogen sulphide, methane, and even putrescine and cadaverine may be formed in the large intestine, especially in conditions of stasis.

Now indol appears in the urine as indican, while skatol may appear as a chomogenic substance. Methyl mercaptan is formed rarely except in intestinal stasis and is not found in normal feces. Acid decomposition, especially the amino-acids, occurs in deranged metabolism, histidine, leucine, tyrocine, and other aporrhegmas being the resultants.

The stool of the healthy infant is nearly odorless; not so that of the adult, especially the adult of our modern civilization. In the stool of the normal adult about one-third of the dry substance is bacteria—about 8 grams of dry bacteria in 24 hours. What about intestinal antiseptics in view of this fact?

Indican, amino-acids, volatile fatty acids, ptomaines and leucomaines, ammonia, proteose, peptone, chromogenic substances, leucine, tyrosine, phenols, in fact, the decomposition products generally, are recoverable from the urine This being true, in transit from the intestinal tract through the system at large, to be eliminated in the urine, these putrefaction upon the general health.

An Important Factor

Autointoxication is well understood in the large; but it is far from being wholly a gastroenteric matter. We stress the bacterial side, forgetting the chemical one, far too often. Yet it is a fact that abnormal stools make for more minor illness than all other abnormalities combined. The common tendency is to manage alimentation and intestinal evacuation like most people manage a furnace, that is, let the ashes accumulate until the fire threatens to go out, but keep piling in the coal. The result is a clogged furnace, with poor combustion, plenty of clinker, excess of gas, and much waste and inefficiency. The sensible way is to remove the ashes daily and maintain a thin and clean fire. Digestion and most metabolism is a process of combustion, and the constant indigestion of large quantities of heavy food without proper removal of waste is far too common.

As a matter of fact, the colon is the ash pit of the body, and it needs a daily or twice-daily cleaning out. Yet we treat it like the ash pit of the furnace—remove the little that is near to the door and, once a week, shovel out a lot of mixed clinker and ashes. Hurry is at the base of the fault;

we won't give nature a fair chance. Then we look to purgatives to do what the normal organs should themselves accomplish.

The result is an infinite amount of indefinite disease and minor discomfort, a general "logginess" and an autointoxication that progressively increases as the years pass, producing finally real disease. All to this shutting off the supply of oxygen necessary to combustion and metabolism by constant housing-up in poorly ventilated apartments, deficient exercise instead of the amount necessary to activate the oxygen intake, and the result is disastrous.

The Fallacy of Colon Irrigation

A recent article in this journal (Mills, p. 121, February, 1919,) set out the fallacy of the common so-called irrigation of the colon in infants. The argument applies equally to adults. The mouth is meant to put things into, and consequently the use of the toothbrush and mouth washes is logical; but the rectum is **not** meant to put things into and its structures are not adapted to such interference, at least at frequent intervals, any more than the urethra is so meant. Who would think of advising our patients to irrigate the bladder every day? Yet the bladder can be effectively irrigated, whereas the colon can not be. And it would be very easy to elaborate a very impressive pseudo-argument in favor of daily irrigation of the bladder, just as has been done as regards the colon.

The Syringe Habit

Like all habits, or most of them, this one has been commercially promoted. Some time since we commented on the vaginal douche, for there has been a reaction against its excessive employment. Yet the vaginal douche, conservatively employed, is logical, for the vagina is not merely an exit organ, as the rectum is.

Some years ago the irrigation of the rectum and colon became almost a cult, being exploited beyond all reason—always with something to sell. As a medical resource in certain conditions such irrigation is right and proper, but to teach laymen that its routine employment is advisable is most pernicious, for it has become a daily habit with hosts of them, the inevitable result being colonic stasis, the bowel losing its normal habit of self-evacuation.

The victims of the syringe habit come to have no full evacuation of the colon, except as to the portion adjacent to the rectum, and they are like the furnace from the ash pit of which only a couple shovelfuls are daily removed, leaving

the pit at large full of unnecessary and harmful accumulation. The harm develops slowly, for the human body is very tolerant; but, now that the victims of this habit are, many of them, becoming old, the harmfulness is becoming accentuated, and we find many old people who are semi-invalids largely because this habit has become necessary to them, which is the way of all habits.

Putrefaction Products

The matter has been brought to our attention from finding indican, chromogenic substances, tyrosine, and evidence of other decomposition products in the urine in certain old people who are victims of the pernicious syringe habit. Furthermore, most of these patients suffer from chronic intestinal indigestion, indefinite aches and pains, myalgia, gaseous eructations, foul breath, and many of them from ammoniacal fermentation in the urine.

So we feel it our duty to direct attention to the matter in the hope that other physicians will analyze carefully the urine of their patients with the syringe habit, and report findings.

ROENTGENOLOGY, AN AID IN THE DIAGNOSIS OF GASTRO-INTESTINAL DISEASES

I. S. Trostler, M.D.

Among the various methods that make the diagnosis of stomach and intestinal conditions easier, surer and more accurate there is nothing so distinctly helpful as is the intelligent use of the Roentgen rays.

I do not propose to discuss in detail the various problems of Roentgenological research that are constantly being worked upon and worked out, but will try and take up a few of the more common and trustworthy elements that go to make up a modern Roentgen examination of the gastro-intestinal tract.

A brief consideration of some of the anatomical and physiological phenomena may be helpful, and enable us to better differentiate the pathological and abnormal from the normal and healthy conditions.

During the ingestion of the opaque meal (which usually consists of barium sulphate suspended in some fluid), the esophagus is seen as a collapsible tube situated between the spinal column and the heart and large blood-vessels, down which the barium-laden fluid passes to the cardiac end of the stomach, in 1/10 to 1/5 of a second.

As the meal passes downward through the esophagus it is seen to enter the stomach and settle to the bottom, passing along the lesser curvature (generally) until it is about half way to the pylorus; and as the stomach fills, gentle waves of gastric peristalsis are seen to pass from the cardiac end toward the pylorus. As these waves approach nearer to the pylorus they are seen to increase in depth and sharpness. After the waves have traversed the entire length of the stomach the first portion of the duodenum is seen to fill, forming what is known as duodenal cap, from its resemblance in form to the liberty cap.

Classifying Stomachs

The stomach, as seen in the Roentgen examination, varies greatly in size, contour and position in the abdomen. In shape it varies from the so-called cow-horn type to the elongated J type, with variations in between. We observe hypotonic, atonic, tonic, orthotonic and hypertonic stomachs.

The normal stomach should empty itself of the barium meal in about five hours; a hypertonic one may empty itself in one and one-half or two hours, while an atonic one may require as long as 24 to 30 hours to dispose of its contents. If for any reason an obstruction exists at the outlet the meal may not be evacuated for long periods, even though the stomach itself has good tone.

When the barium meal leaves the duodenum it is observed to move about in a more or less back and forward motion as it passes rapidly through the loops of the jejunum. Here it is seen as small flaky particles, which move very fast until they reach the ileum.

As the meal reaches the terminal portion of the ileum and is seen to fill the caecum and appendix, we come upon probably the most interesting and valuable part of our work outside of the stomach.

The meal normally reaches the terminal ileum and the caecum in five to six hours. The location, contour and tone of the caecum may now be studied, and usually the appendix is seen at this time. Sometimes it is necessary to manipulate the region wtih the hand or some suitable instrument in order to bring the appendix into view. With proper technic the appendix can be studied by this method in over 75 per cent. of all cases.

The barium meal reaches the hepatic flexure of the colon in about eight or ten hours normally, and the transverse colon is seen to contain the head of the meal at the end of ten to twelve hours. At the end of fourteen to eighteen hours the descending colon carries considerable barium down toward the

sigmoid, and the rectal pouch is reached in about twenty-four hours.

The Appendix

During all this time we study the position, size and tonicity of the various organs and note the progress of the barium meal at certain intervals. Of late we have found it extremely advisable to give special attention to the appendix. If we see the appendix and find it to be sensitive to slight pressure, we have the best of evidence of disease of this organ, and in view of the frequent cases of supposed gastric and duodenal ulcer, which we have been able to trace directly to diseased appendices, we are in the habit of having the patients return for several successive days for repeated observation of the appendix, etc. If we find that the appendix empties along with the caecum, we know that it has good drainage; while if it retains barium long after the caecum is empty we can safely say that drainage is bad and that this appendix is potentially a bad one to leave in situ. If the appendix is seen to be kinked, beaded, angulated, constricted or otherwise deformed or adherent to other structures, we are able to report same to the physician in charge of the case, who thus informed can act according to the information without any guesswork or blind exploration.

The colon, upon manipulation, is seen to be quite movable throughout its extent. It varies greatly in size, location and contour even in the normal cases. The flexures are frequently found to contain gas. The right, or hepatic, flexure is always lower than the splenic flexure, which is usually the only fixed point in the large bowel. The transverse colon is seen to droop downward in a greater or lesser degree, following the line of the greater curvature of the stomach above and lying upon the folds of the sigmoid at times.

Having thus briefly discussed the more important findings in the normal conditions, let us now consider some of the abnormal and diseased conditions and how they may be recognized.

The Esophagus

First, the esophagus: If there is an organic obstruction, we see the meal retained for a lesser or greater time according to the degree of obstruction or constriction of the lumen of the tube. If the constriction or obstruction has existed for any great length of time there is liable to be found a considerable dilatation of the esophagus above the point of obstruction, and the meal may be seen to trickle down through the constricted part in a small stream.

In the presence of a diverticulum, the barium may pass down into the stomach, but enough may remain in the diverticulum to fill it, and thus clearly outline its size, position and contour.

Occassionally a patient complaining of dysphagia, suspected by the attending physician of having esophageal constrictcion, is found to have a normal esophagus, but an unsuspected aneurism of the aorta or enlarged mediastinal glands, which, because of the pressure exerted upon the contiguous esophagus, causes the difficulty in swallowing.

Esophageal cardio-spasm is easily recognized when present. Aerophagia is clearly seen as the patient gulps down bubbles of air with each bolus of the meal. These bubbles of air shown as clear areas passing down the esophagus along with the dark shadow of the barium-laden fluid.

The Stomach

Next, the stomach: In atonic dilatation (a condition often seen in neurasthenic women) the stomach is seen to take the form of a large oval-shaped bag, so flaccid as not to be able to retain its columnar outline against the weight of its contents. In this condition the greater portion of the stomach is frequently seen to hang down below the umbilicus when the patient is erect. In gastroptosis the stomach is not usually so large, but the organ is dropped down so that often the lesser curvature is found to be below the umbilicus, and occasionally the organ is seen to lie upon the folds of the ileum in the false pelvis. In both of these conditions the peristaltic waves are diminished; but they are more so in the atonic stomach than in the simple dropped one, except where pyloric obstruction is present. In both gastroptosis and gastric atony the food is usually retained in the stomach longer than the normal time.

In carcinoma of the stomach, the findings are of great value and interest. In advanced malignant disease of the stomach filling defects are seen; the normal outline is encroached upon by the tumor, because the fleshy mass inside the organ keeps the barium from filling out the usual outline and is easily penetrated by the rays, thus showing as filling defects. The appearance of a stomach with advanced cancer is so characteristic that a few glances upon the fluoroscopic screen are as sufficient to establish a correct diagnosis as would be an exploratory operation.

Considerable more difficulty is encountered in the diagnosis of very early cases of cancer. Many minor points must be carefully weighed and most painstaking observations made before the final report is submitted.

Retention of barium in the stomach for longer than the normal time with the balance of the meal well along in the colon (often as far as the splenic flexure) without much change in the outline of the stomach, and especially if the peristalsis is slightly aberrent and the waves not so regular and deep as usual ,is strongly presumptive of early malignancy.

The experienced Roentgenologist will not permit himself to be led to a hasty conclusion by evidence which is not sufficiently definite; but, on the other hand, he must carefully weigh each indication and minor point at its true value before making a report, which, if acted upon, and an early operation performed if cancer is found, will mean the life of the patient being saved, while if he misses the diagnosis and permits the patient to continue downward until it is too late to operate, he is to be more than censured for failure to discover the growth.

A Case

Let us review a case: Mrs. B., age 48 years, complaining for the last year of distress in stomach after meals. No hunger pains, no loss of weight, no tenderness in gall bladder region, no vomiting or nausea; gastric contents found to be practically normal, blood absent in feces after five examinations. Roentgen examination showed that the meal entered the stomach normally. Peristalsis began normally, but at no time did the waves become as deep as they usually do in a normal stomach, at a point about two inches from the pylorus. After a careful scrutiny of all the details of the case and a minute study of the findings, I made a report that in my opinion the patient had an early carcinoma of the stomach.

Seventeen months later this patient consented to be operated upon, because she was starving, and the carcinoma which I had diagnosed was found to be inoperable. A gastro-enterostomy was done, and the patient was informed that she could not be cured. The tumor was at this time as large as an infant's head and numerous glandular metastases were found. (While it is aside from the subject under discussion, I want to say that she was given Roentgen treatment—two crossfire treatments of seven doses each—and now, after a lapse of over nineteen months, she is apparently well, weighs 35 pounds more than she did before the operation and refuses further treatment, because she says she is cured.)

When a high degree of pyloric obstruction is present the peristalsis is usually markedly exaggerated, but the organ is unable to empty itself in the usual time.

In ulcer of the stomach, of the callus type, the lesion is

most frequently found on the lesser curvature and appears as a niche or incisura in the normally regular outline of the stomach. Diagnosis of this lesion is usually easy.

Penetrating or perforating ulcers appear as small outcroppings or protrusions from the regular outline of the stomach. If they are of large size they may have a separate air-dome of their own, similar to, but smaller than that shown over the fundus of the normal stomach.

Small superficial erosions and recent acute ulcers are much more difficult to diagnose, as they do not appear to markedly affect the progress of the meal or the peristaltic waves. They are most frequently seen along the greater curvature and near the pylorus. Barium sometimes adheres to their floor after the stomach has emptied itself. These small flecks of barium in the stomach otherwise empty, which prove to be tender upon pressure, are rather strong evidence of superficial ulcer.

The Duodenum

In the duodenum normally the first portion fills with a smooth regular outline, as before stated, somewhat resembling a liberty cap in form. In the presence of ulcer here the outline is more or less ragged and irregular. Dr. Lewis Gregory Cole, of New York, has promulgated the dictum that if at any time during the examinations a good duodenal cap is seen ulcer may be ruled out. We have followed this rule and have not found it defective. In addition to this, we have observed that invariably in the presence of duodenal ulcer we have hyperperistalsis and early onset of peristalsis. Frequently a point of tenderness is noted, corresponding to the outline of the duodenal cap. We have seen cases of duodenal ulcer evacuate a pint of buttermilk containing four ounces of barium sulphate from the stomach in seventy minutes.

The Ileum

Passing downward through the intestine we come to ileal stasis, which is a frequent condition. The barium fills the ileum and sometimes stays in this part of the bowel for days The bowel at this point frequently shows evidence of being dilated or distended, and often lies in a mass deep in the false pelvis. Delay in filling of the caecum is one of the characteristics of this condition. I recently examined a young woman whose ileum retained all the barium contained in two meals (8 ounces) for twenty-four hours, and still retained about one-fourth of this barium fifty-four hours after the ingestion of the first meal and for eighty hours after the second meal.

Lane's kink, or, as Lane calls it, "ileal kink," is supposed to be a frequent cause of ileal stasis. This can usually be

seen when present, five to six hours after the meal. Occasionally Jackson's veil may be diagnosed, but large chances of error obtain here.

Contractions, distensions, displacements, distortions, etc., due to inflammatory causes; adhesions or neoplasms are usually easily recognized.

The vermiform appendix is seen in three-fourths of all cases examined. Much may be learned regarding its size, form and location. Adhesions to nearby organs may be diagnosed. Palpitation with a wooden spoon or manipulation with Holzknecht's dipper, with the patient erect and prone, may be necessary to bring the appendix into view. Tenderness to pressure and failure to empty when the caecum empties are the most important points in regard to the appendix. Constrictions of the lumen are often seen, and, of course, indicate inflammatory narrowing, adhesions or bands. We have observed appendices that retained barium as long as twenty days after the ingestion of the meal, while the balance of the intestinal tract was clear of the barium in the usual time. Pirie, of Toronto, reports seeing bismuth retained in the appendix for forty-three days.

In chronic appendicitis with adhesions, we are frequently able to give definite and valuable information; while in the obliterating type, when the appendix does not fill at all, the outline of the caecum is so frequently deformed and distorted that a diagnosis may be made from this alone. Many patients who would not otherwise submit to operative measures have, after seeing a Rotengenogram of their appendix, gone through with the operative treatment.

Often patients are referred to us for examination who have a more or less definite diagnosis of gastric or duodenal ulcer, and even gastric cancer, which upon careful examination prove to have nothing more than diseased appendices. After Rosenow reported his production of gastric ulcers from inoculation with extracts of diseased appendices, we began to examine our cases of suspected gastric ulcers more carefully for appendix disease, and succeeded in devising a technic whereby we were able to visualize a much greater percentage of appendices. In that way we were able to make diagnosis of appendicitis in cases of gastric ulcer where the ulcers had recurred after medical treatment, which, after the removal of the appendix, healed to stay healed.

The Colon

Obstruction of or displacement of the colon resulting from adhesions, benign or malignant growths, are readily discerned by either the barium meal or the barium enema. New

growths within or around the colon, causing narrowing of the lumen or obstruction to the passage of the meal are readily seen by either fluorescent screen or plate examination.

In obstipation the barium meal may be studied throughout its passage through the colon, and often the cause is found.

In such obscure conditions as tuberculosis of the intestine, much light may be thrown upon the case by a careful study with the Roentgen method. Cases of tuberculosis of the colon observed by the writer have had the most rapid emptying of the entire intestinal tract of any condition or disease studied I have seen all except a few flecks of barium completely evacuated in eight to twelve hours. At the end of five hours the meal arrived at the caecum, and in one case, three hours after the arrival of the barium meal at the ileo-caecal junction the entire colon was free from barium.

The Gall-bladder

Recently much study and experimentation have caused the development of technic, so that much valuable information may be obtained by a properly conducted Roentgen study of the gall-bladder. We are now able to definitely diagnose about 80 per cent. of all cases of cholecystitis, with or without stones. The fluoroscope is of little value here, but properly made plates give much valuable information. It is our rule that in any case where the gall-bladder is shown upon the roentgenogram, a diagnosis of gall-bladder disease (cholecystitis) is made. Stones in the gall-bladder may show either as negative shadows (when the composition of the stones is of lighter specific gravity than the surrounding tissue) or as positive shadows (when stones contain sufficient calcium to make them of heavier specific gravity than the surrounding tissue). The secret of success in gall-bladder examination by the Roentgen method is immoblization of the gall-bladder. By use of compression and proper preparation of the patient, we are able to show many more gall-bladders than we were a few years ago.

Frequently patients complaining of symptoms pointing toward the stomach only, are referred for gastro-intestinal examination. As now conducted no Roentgen examination of the gastro-intestinal tract should fail to include the gall-bladder, and as we do this we show (in many cases of gastric distress) a diseased gall-bladder with or without stones.

Large numbers of such cases as these, covering a period of many years, lead us to a firm belief that there should be a Roentgen examination made in **every case where there is any doubt of the organ involved or the condition involving it.**

The interrelation of our abdominal organs is so complex that we should exhaust every means to correctly determine

exactly the organ involved. Once correctly diagnosed, the treatment is easily decided upon, and in the end our patients will "Rise up and call us blessed" for taking such great pains to find out exactly what ails them.

Roentgen laboratories are now found scattered all over the country and men who have spent much time and money in the study of the subject are at your elbows. They are ready and willing to help unravel some of the knotty problems that we as physicians have to contend with. See your local X-ray man, talk with him about your difficult cases and give him a chance to show you how he can help you. I am certain that you will be glad to know how much he can aid you, and what he can do for you by lighting up some of the dark recesses so as to permit of a clear view and consequently a correct diagnosis in obscure and doubtful cases.

NEWS ITEMS

Dr. A. S. Brackett has changed his address from 1054 Georgia Street to 3851 Denker Ave., Los Angeles.

Dr. J. E. Shearer has changed his address from Cloverdale to Tillamook, Oregon.

Dr. S. H. Savage, Lancaster, has returned from a few weeks' vacation spent in Colorado.

Died: Dr. Henry J. C. Sprehn died suddenly in Oroville, California, on Oct. 13, and was buried in Los Angeles on Oct. 21. Dr. Sprehn was a graduate of the C. E. M. C. class of 1913 and was located in Nevada for several years. He leaves a widow to whom the Journal extends sympathy.

Dr. O'Hara and family of Lewisburg, Ohio, have come to California to spend the winter after a leisurely journey through Canada and Washington and Oregon. Both D.r and Mrs. O'Hara are so pleased with Southern California that they are contemplating remaining here.

Married: Dr. G. Hunter Greenwell and Mrs. Eva May Gens of Chicago were married in Los Angeles on Oct. 15 and are now at home at 5426 La Mirada Street, Los Angeles. The Journal extends congratulations.

The annual meeting of the Southern California Eclectic Medical Association met in Glendale on Oct. 22, 1919.

Married: Miss Eva Guelich, who has had charge of the operating room at The Westlake Hospital for the past two years was married on Oct. 8th to Mr. L. M. Nelson and has gone to Chico, Cal., to live.

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:: Original Contributions ::

THE THERAPEUTICS OF LIGHT

John M. Cleaver, M. D., Los Angeles

(Read before the Los Angeles Electic Medical Society)

All methods of treatment consist in the application to the body of some form of energy.

Life is a manifestation of that combination of the five elemental energies which we call "Vitality," or "Vital Energy."

Vital Energy manifests itself both in health and in disease. Disease is but an attempt on the part of the organism to get back to a state of health. Energy is expended in disease conditions as well as in health. In fact, more real energy is needed to get back to a state of healthful activity than is necessary when health is once more regained.

The object of all treatment must be two-fold. First, it must supply raw potential energy which the body may convert into Vital Energy. Second, it must so free the path that the Vital Energy may act in a beneficent manner in bringing back health and healthful activities.

Of the five forms of energy used in the treatment of disease, Chemical Energy is the most common. Next would come Mechanical Motion, and last of all, Light Energy.

It is a law of Nature that each form of energy is readily converted into each other form. Thus Chemical Energy is converted into Mechanical Motion by the processes incident to digestion, assimilation and metabolism. Other energies may also be thus converted.

While Light or Radient Energy is the last on the list of common usage, it is not of necessity the least valuable.

Light is absolutely essential to most forms of highly organized life. Its action is both direct and indirect. Direct, in that it is doubtless in many instances changed to other more

subtle forms of energy; indirect, in that it has a catalytic effect in speeding up chemical reactions.

In applying Radient Energy to the human body we make use of its indirect action to a greater extent than its direct action. While a certain percentage of Light Energy is doubtless changed in the tissues to Vital Energy, our methods of measuring this change are so inadequate as to render the exact proportion subject to conjecture.

The catalytic effects of Light are immediately apparent.

The rays at the Violet and Ultra-Violet end of the spectrum are directly chemical in action. These rays do not penetrate far beneath the superficial layers of the skin and are capable of causing Erythema and subsequent pigmentation. They are very easily deflected and absorbed and do not to any appreciable extent pass through ordinary glass. While they are generated in the incandescent lamp, they are stopped by the glass bulb, and for this reason it is impossible to cause a true Solar Erythema or Sunburn with these lamps.

The Sunlight is rich in Ultra-Violet rays. The dust in the atmosphere absorbs most of them, however, and one must as a rule climb to high altitudes to get their full effect.

The rays at the other end of the spectrum are more penetrating. In fact they will pass entirely through the human body and will fog a sensitized photographic plate in much the same manner as the X Ray.

There are four commonly used methods of applying Light Energy in treatment. The first method is by direct exposure to the Sun's rays. Next in frequency comes the incandescent lamp, ranging in size from fifty to three thousand candlepower. Third is the arc-light, and last is the Mercury Vapor Quartz Lamp.

Every physician uses sunlight in treating disease. Unfortunately only a small portion of the body is ordinarily exposed to the action of the Sun, and while Solariums are used in some parts of the world, they have so many disadvantages as to render them impractical to the ordinary practitioner.

The Mercury Vapor Quartz Lamp generates an immense amount of Ultra-Violet rays. Quartz does not absorb these rays and this is the reason for its use in these lamps. The Ultra-Violet ray being decidedly germicidal in action, these lamps, together to a lesser extent with the Arc-Lamps, are usually used in skin diseases, where they perform a service which cannot be approximated by other agencies.

The Incandescent Therapeutic Lamp, however, is the one in most general use. In the first place it is not as ex-

pensive as the Quartz and Arc apparatus. In the second place it is not so dangerous to use; for it must be remembered that any agency which delivers the Ultra-Violet rays is capable of causing extensive superficial burns. Lastly, its field of usefulness is infinitely wider than either of the other forms of apparatus.

Incandescent Therapeutic Lamps may be purchased at from ten to one hundred and twenty-five dollars and can be used with the greatest value in practically all chronic cases as well as in many acute conditions.

The lamp used by the writer is of three thousand candle-power, and sells for ninety dollars.

The light rays emanating from these lamps penetrate deep into the tissues where they are largely converted into heat energy. The temperature of the deep structures under the influence of these lamps is raised several degrees. This speeds up metabolism and causes a marked increase in the circulation of blood in the part. Passive congestions are dispersed, pain is relieved, and a general sense of well-being is experienced by the patient.

The effect of light energy upon the blood is undisputed. During the course of a treatment all the blood in the body passes beneath the influence of these rays. Blood examinations show an increase of hemaglobin and a distinct normalizing in the number and shape of the blood corpuscles. Oxidation is augmented. More carbondioxide is excreted. All the functions of the body are favorably influenced.

The technique in the use of these lamps has greatly improved in the last few years. It has been found of the utmost importance to keep the skin as cool as possible during the raying of the tissues. Many operators have made the mistake of allowing the skin to become too hot. While under ordinary circumstances it is impossible for the underlying tissues to accumulate too much heat, the skin may easily become overheated. This results either in a general and profuse perspiration, which is not always desirable, or in a feeling of exhaustion, which discounts the effect of the treatment.

The result desired is usually not upon the skin, but upon the interior of the body. Light rays penetrate and do their work just as well through a cool skin as through a hot skin. Cold to the skin is decidedly stimulating, while heat applied to the interior of the body furnishes us with one of the most tonic treatments at our disposal. Cold applied to the skin has always before been more or less dangerous because of the danger of cooling the blood mass and the deeper tissues. This always resulted in congestions and local muscular contractions.

By cooling the skin during the heating of the deep tissues we have an ideal combination which leaves no bad after-effect. The great desideratum is interior heat and exterior cold.

The writer often uses cold wet packs of momentary duration in conjunction with the heat rays. A towel is wet with cool water and held for a few moments in front of an electric fan, which chills it to the temperature of ice water. This is quickly laid on the part under the rays and the hands are rubbed over the cloth until the temperature of the pack has been changed to body heat. This usually takes about thirty seconds. The pack is then removed and the same procedure may be repeated several times if desired. As a final application, however, the skin should be rubbed and massaged with some oleaginous application. This should be done immediately upon the removal of the cold pack. If oils are not desired, "Epsom Oil" may be used. Epsom Oil is composed of one part Glycerine to two parts saturated solution of Epsom Salts. This has a hydroscopic action and will sometimes "pull" a surprising amount of material from the pores of the skin.

One thing must be remembered in using any form of energy directly upon or over an area of infectious inflammation. This is that there is no better way of vaccinating the patient with his own antigen than by increasing the circulation through an area in which is operating pathogenic organisms.

In using light over such a condition the dose should be carefully regulated, erring on the side of moderation rather than overdoing it. A characteristic negative phase is by no means uncommon following the injudicious application of therapeutic light. This indicates that the part under the rays harbored a nest of infection, the toxic antigens of which were brought into contact with the blood in excessive amount.

Used with judgment there is no better way of exhibiting bacterin therapy than to increase the circulation through an area of acute inflammation. On old, sub-acute chronic lesions the light may be used for longer periods and with the most gratifying results. The reaction of the patient following the treatment is the only sure indication for future dosage. If the patient feels tired and exhausted, or has chilly sensations and a headache, that patient has been overtreated, no matter whether he has been under the light for twenty minutes or for two minutes. Shorten the dosage to the point of toleration and the patient will feel an immediate sense of well-being. A gentle sense of relaxation and languor need not be

mistaken for a sign of overdosing, but merely that a highly strung patient has been thoroughly relaxed.

The average treatment should not last over twenty minutes at the longest. The patient should leave the office with a sense of life and vigor much the same as after a brisk walk through the snow.

The Therapeutic Lamp, properly used, is absolutely invaluable to the physician who believes in using ALL of Nature's remedial agencies in the treatment of disease.

CYCLIC VOMITING

K. P. Baber, M. D., Los Angeles

(Read Before the California Eclectic Medical Association)

Cyclic vomiting, known also as recurrent or periodic vomiting, is a condition met with very frequently in the practice of pediatrics.

It is characterized by severe vomiting and retching, followed by prostration, but nausea does not always follow or precede these attacks. There is usually little or no fever, although occasionally a case will run a temperature as high as 101 or 102°.

The exact etiology of this disease is not known, but is doubtless due to an increased acidity of the body fluids from some disturbance of elimination and absorption.

It has been my experience that these cases come on most frequently, at least here in California, during the winter and spring months, when the citrus fruits are cheap and plentiful.

The basis of this disturbance would then seem to be an error in metabolism rather than an error of digestion and a condition of acidosis exists. The urine is always highly acid, and the breath has a sweetish or acetone odor.

Cyclic vomiting rarely occurs in infancy, but is most frequently seen in children between the ages of five and ten years.

The onset is usually sudden, and many times without any dietary indiscretions. This may come on at night, and if so, the supper will be vomited undigested, or it may come on shortly after he arises in the morning, and will usually complain of a dull, heavy feeling in the stomach, possibly a little nausea, or perhaps pain in the abdomen. This is soon followed by vomiting, and is repeated at intervals, varying from 15 minutes to an hour or so. The vomitus, after the first spell, usually contains principally mucus, perhaps it is bile stained and a few streaks of blood.

As a result of the continued vomiting and retching, prostration develops early, the pulse is accelerated and the child drops back after each attack, the face is pallid, the eyes sunken, abdomen retracted, and has every appearance of being very ill.

After the child has had a little rest and somewhat recovered from the attack, he will complain of being thirsty, hungry, and may be a burning sensation in the stomach. If water is given, it is almost immediately expelled from the stomach and another attach of vomiting and retching is on.

The diagnosis must be made between meningitis and organic lesion of the kidney. The failure of brain symptoms to appear eliminates meningitis. An examination of the urine should be made in order to detect any lesion of the kidney.

If we find the presence of acetone in the urine then a diagnosis of cyclic vomiting should be made.

The prognosis of this disease is good, although a few cases have been reported with fatal termination.

Treatment—Most authors claim that active treatment is of no service during an attack, but it has been my experience that this is not true. I always start my treatment immediately, which consists of the following:

The bowels are usually constipated and a good high S. S. enema brings good results. The lower bowel is thoroughly flushed and half an hour later a Murphy drip sodium bicarb. enema is given, or if this is not convenient a half pint or pint of solution can be slowly injected into the lower bowel and should be retained as long as possible. This alkalinizes the body fluids, overcoming the acid condition.

A four oz. solution containing Ipecac drops 3, and Aconite drops 5, Water q.s. to oz. 4, is left at the house with directions to give one teaspoonful every half hour. No liquid other than this should be given per mouth for the next eight or ten hours, after which the child can begin taking a little broth, milk or thin gruel.

If the retching is very severe and the prostration extreme and is not controlled by the above treatment, then small doses of Codeine or Morphine may be given.

After the vomiting has been controlled and the child is able to handle a little food, I always order a cathartic, and Castor Oil usually heads the list. The diet thereafter should be a mixed one, a very moderate amount of meat, sparingly of cereals, otherwise the diet is not restricted.

PERTUSSIS (WHOOPING-COUGH)

A. F. Stephens, M. D., St. Louis, Mo.

Whooping-cough is a communicable disease, infectious in nature, and characterized by periodic, spasmodic cough. A paroxysm consists of a prolonged expiration accompanied by a succession of short, sharp coughs, which are followed by a correspondingly long inspiration which terminates in what is known as the whoop. The paroxysm of coughing is accompanied by spasmodic contraction of the glottis, which narrows the **chink,** thus obstructing the free entrance of air, hence the whoop is due to the inrush of air through the narrowed passage of the larynx.

In the uncomplicated case of pertussis no distinctive pathological lesions appear. However, extreme congestion of the different organs, such as the lungs, heart and cerebral meninges, characterizes the paroxysmal attacks. In grave and fatal cases the lesions arise from mechanical accidents, as hemorrhage in the various parts, as the eye, nose, meninges, etc., or emphysema. Intercurrent and complicating diseases occur in many cases, such as pneumonia, broncho-pneumonia and meningitis.

The period of incubation is about ten days. The onset is characterized by symptoms which usually accompany bronchitis or bronchial catarrh. The cough is not distinctive in the early stage, and usually does not develop the characteristic whoop until the disease has existed for two or three weeks, or even longer, when its character becomes manifest. The disease is then readily recognized. It may be described briefly as beginning with a number of short, sharp, spasmodic expiratory coughs, succeeded by a long-drawn inspiration ending in the peculiar whoop which gives the disease its name.

In severe cases the conjunctivae become congested, they protrude, the face is congested and cyanotic, and the mucous membrane is blue in appearance. A tenacious mucus is expelled at the end of a paroxysm, and very often it terminates in emesis. The attacks are preceded by nervous apprehension on the part of the patient, and, coming on at night, the little sufferer usually springs to an upright sitting position in bed, though sound asleep when the paroxysm begins. The number of paroxysms during the twenty-four hours differs in different individuals, ranging from four or five to thirty or forty, depending largely on the temperament of the patient. A paroxysm is often precipitated by nervous excitement or crying, or by mechanical irritation of the air-passages. The duration of the

disease in uncomplicated cases is usually about twelve weeks. The most dangerous complications which may arise are: Meningitis, meningeal hemorrhage, broncho-pneumonia and convulsions due to cerebral congestion, extreme spasm of the glottis and obstinate vomiting, which latter may prove fatal in infants who are already greatly debilitated.

A positive diagnosis cannot be made until the characteristic cough develops, though whooping-cough may be suspected if an epidemic exists in the neighborhood, or if it is known that the patient has been exposed to the disease, and the cough does not yield to the ordinary treatment.

Whooping-cough is usually considered by the laity as insignificant, and therefore little attention is given to its treatment, the child being left to "cough it out," while the fact is, it is a most dangerous disease, the mortuary records showing a high death-rate. Uncomplicated cases readily recover, but the length of time it takes for the disease to run its course, and the many intercurrent diseases which may develop during that time, should induce both parents and physician to guard the patient carefully and meet the complications as they arise, as well as do everything that may be done to mitigate the severity of the symptoms and shorten the duration of the disease.

As to treatment, the only rational method is the same as in all other diseases, which is, to resolve it into elemental conditions and apply our remedies to the relief of these condtiions. In other words, specific treatment is the only logical treatment, and if closely followed will give decidedly the best results. A consideration, therefore, of the following specific remedies, with reference to their specific action upon pathological conditions, will apply: Belladonna, drosera, gelsemium, hysocyamus, lobelia, pulsatilla, passiflora, piscidia erythrina, sanguinaria, solanum car., trifolium pratense, veratrum album, ammonium chloride, cerium oxalate, kali mur. 3x, magnesium phos. 3x. Studying these remedies from the standpoint of their specific action, we find as follows: The administration of belladonna will relieve all those cases showing evidence of capillary congestion, such evidence being a dusky, bloated face, bluish mucous membrane with dull facial expression. Drosera is indicated when the cough is dry, irritable and lacking secretion. Gelsemium will do the work when the patient is restless, nervous, has headache all over the head; when the eyes are bright, the conjunctiva red and suffused and the spasm of the glottis severe. Hyoscyamus is the remedy in all cases showing cerebral hyperemia with nervous excitement, and when the sleep is disturbed by ugly dreams, or partially wakeful delirium

with spasmodic movements. Lobelia will relieve those cases wherein the breathing is short and labored, with a sensation of oppression in the chest, or when pain is complained of in the region of the heart. Pulsatilla will greatly aid those cases wherein the nervous symptoms predominate, the patient showing nervousness and sleeplessness, or where the patient is emotional, peevish, and cries without provocation. Passiflora is to be given when the patient is fretful, sleeps poorly, or is delirious and complains of much pain in the stomach, with vomiting as a pronounced symptom; also weight and pressure in the head, with threatened convulsions. Piscidia erythrina has a beneficial influence upon the disease when the patient shows a distinctly spasmodic cough accompanied by extreme restlessness and insomnia, or if there is a tendency to choreic movement. Sanguinaria is to be given where the bronchial secretion is profuse, and in those cases where the pharynx and larynx are dry, with a sensation of tickling and constriction in the throat. Solanum carolinense will relieve in cases showing a distinct spasmodic element, or when there is exaggerated laryngeal spasm or a tendency to convulsions. Trifolium pratense is beneficial when the larynx is irritable and the cough is increased thereby. Veratrum album should be administered when the surface is bluish in color, the skin cold, the eyes sunken and the features pinched, thus showing vasomotor depression; the cough is spasmodic, suffocating, and the paroxysm ends in emesis. Ammonium chloride is to be used when the secretions are tenacious, ropy and profuse. Cerium oxalate is an excellent remedy in those cases where vomiting is a pronounced symptom. Its exact specific properties are not known to me. Kali mur. 3x is the remedy when the cough is short, spasmodic, hard, harsh and accompanied by wheezing rales, and when the secretion are thick, white and tenacious. Magnesium phos. 3x is the remedy when the spasmodic element predominates. Potassium bromide is curative in like cases, or when the patient shows a tendency to laryngeal spasm or general convulsions, or is nervous, sleeps poorly, is irritable, and when the disease is worse at night.

The above group of remedies studied carefully, with a close observation of the exact conditions present in the many different patients, will insure prompt relief of the severer symptoms, if they do not shorten the duration of the disease. I believe, however, that this may be done in some cases, though not in all. (National Quarterly.)

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H. C. L.

For several years the cost of living has been increasing—or, to state it more accurately, the purchasing value of gold has been decreasing. So long as this increase—or decrease—developed slowly and gradually, no particular harm followed. However, with the advent of the World War gold disappeared from sight and ceased to be a medium of exchange. The various governments issued currency, but its purchasing value fluctuated violently, though always declining. For reasons which we need not discuss at this time, this depreciation has been greatest in Russia and least in America—for which let us be duly thankful. At this writing the purchasing value of a dollar is about one-half of its value in the pre-war period. A condition of finances which should work no hardship upon anyone. All that is necessary is that the proper adjustments in the price of a service or commodity be made to conform to the change in value of our unit of exchange—i.e., the dollar.

We believe that the medical men as a class are charging about the same fees for services rendered as they did five years ago. During the war this course met with the general approbation of the profession, partly because they wanted to be fully as patriotic as any other class, and partly because the most of

them naturally incline to be philanthropic. But the war has been over for a year, and the two dollars for a visit does not buy any more than it did. Moreover, its purchasing value is not likely to increase for quite some time. Under these conditions it seems to the writer that the medical profession has done its full duty by the people, and that it is time that fees should be increased. This is not only our belief, but our practice, and we have found that our patients recognize the justice of our position as soon as it is presented. The more intelligent are already as fully informed as ourselves, and are not even interested in our argument. We are aware that there are many factors which must be considered in this connection, and that some of these may apply to one doctor only. And while it is true that not all of us have found our present necessary expenses to be double those of the pre-war period, yet in each and every instance there has been a substantial increase. In many instances the increase has been not only large enough to wipe out a margin of profit, but to actually establish a deficit, a condition of finances which can be viewed only with grave apprehension unless we expect to be paupers in our old age. We recommend to the reader that he give this matter the thought which it deserves, and then act accordingly.

IN THE STORM'S WAKE

The tropical hurricane which burst over Corpus Christi, Texas, on September 14, creating a tide of ten feet, six inches and accompanied by a tidal-wave which was driven before a seventy-mile gale, caused the death of five hundred persons, left four thousand homeless, and laid waste some twenty million dollars' worth of property.

The town was without drinking water or lights; the railroad on one side of it was washed away, and virtually every dwelling on its beach front was destroyed, together with the boats moored there. Out in the bay were scores of human beings, clinging to spars and wreckage. The Court House had been turned into a morgue.

Governor William P. Hobby, at Austin, received a telegram from Corpus Christi's mayor and another from the American Red Cross at St. Louis. The one asked for two companies of the National Guard, relief supplies and financial aid. The other offered to place the entire facilities of the Southwest Division of the Red Cross at the disposal of the sufferers.

Following this two Red Cross relief trains, originating at Laredo and San Antonio, sped forward with food, clothing, medical stores and working personnel. The trains effected an entrance on the west side of the stricken town, and before wire

communications were re-established with the outer world Red Cross relief had begun. Using a church as headquarters, the workers established three canteens, and within a few hours of their arrival they were feeding 4,000 persons at each meal. Twenty-five cases of clothing were distributed, and in addition to the fund authorized at national headquarters $5,000 was sent by the Red Cross chapter at St. Louis.

Meanwhile many small towns outside Corpus Christi had been completely cut off from the mainland. Boats were the only means of communication, and of these there were virtually none. Galveston was the nearest port to which these thousands of marooned people could look for hope—and from Galveston it came. There the Red Cross officials obtained federal permission to charter a government vessel. Relief supplies were rushed aboard, and she arrived at the flood swept district in time to save what would otherwise have been an additional heavy death toll. A few days later San Antonio came in for its share of the work in caring for the incoming trainloads of refugees, who were met by Red Cross hospitality in the form of hot coffee, food and clothing.

In compliance with requests by city and state authorities the Red Cross officials operating at Corpus Christi closed their work by handing in a survey of the property damage, together with suggestions for rehabilitation. Manager Alfred Fairbanks particularly mentions the Corpus Christi Red Cross chapter as having rendered distinguished service by literally preparing for the disaster before it had reached the community, in consequence of which it was able to distribute aid during the first respite of the storm.

THE EARLY DIAGNOSIS OF PERFORATION OF GASTRIC AND DUODENAL ULCER AND ITS OPERATIVE TREATMENT

By Benjamin T. Tilton, New York

Within the last few years, 14 cases of acute perforation of gastric and duodenal ulcer have come under my observation. The importance of an early diagnosis of this emergency has been impressed upon my mind, and a few points in the recognition of the same have demonstrated their importance. The results of early operation are so much better than those of late interference that we are forced to conclude that the fate of the patient rests chiefly upon the diagnostic acumen of the physician who is first called in. Körte, for example, operated on 10 cases from 1890-1900 with a mortality of 90 per cent. The cases were brought to him soon after the perforation occurred.

oped peritonitis. From 1900-1907 he operated on 17 cases with a mortality of only 23.5 per cent. The great majority of these cases were brought to hi msoon after the perforation occurred. Of the 14 cases that have come under my observation, 8 were operated upon within 12 hours with 5 recoveries, a mortality of 37.5 per cent. The other 6 cases did not come to operation until from 12 to 72 hours after perforation. Of these 2 recovered, a mortality of 66 per cent. Nothing then will improve our statistics for the operative treatment of this the most serious complication of gastric and duodenal ulcer as earlier diagnosis. This diagnosis should be possible in the majority of cases as the symptoms are usually very characteristic. After the development of the resulting peritonitis, the diagnosis may be possible only of general peritonitis, and the exact cause of the same may not be determined before the operation. In fact, as already shown, a diagnosis at this stage is usually of little help to the patient, as the results of late operation are very poor.

The recognition of perforation of a gastric or duodenal ulcer is easier in some cases than in others. This difference is due, in part, to the obscureness or prominence of previous ulcer symptoms and in part to the presence or absence of certain manifestations characteristic of perforation. It is easy, for example, to make a diagnosis of perforation in the case of an ulcer which has been recognized and is under treatment. On the other hand, it may be difficult in a latent or unrecognized one, where there have been perhaps no symptoms to draw the attention to the real site of trouble. In the same way it may be easy to diagnose a case of perforation which has been observed from the beginning and in which all the cardinal symptoms are present. This is not true of cases which come under observation 24 hours after perforation with the initial and typical symptoms obscured by those of peritonitis.

The importance of the history in making the diagnosis must be very strongly emphasized if there is the least probability that the stomach is the organ at fault. The patient and his friends must be carefully questioned as to previous stomach symptoms typical or not of gastric or duodenal ulcer.

Superficial questioning of the patient previous to operation often gives very different results from a careful history taken after the operation, when we have found an old ulcer of the stomach or duodenum that has perforated. Careful questioning now of either the patient or his friends will usually bring out a history of digestive trouble which may or may not be typical of ulcer, and which may have been present years before and almost forgotten.

This vague history may be that of pain in the epigastrium

associated with the ingestion of food, occasional vomiting, and possibly vomiting of blood. In some instances these dyspeptic symptoms may have required treatment, in others not. The patient may have completely recovered from them months or years before the perforation or, he may have had occasional attacks of the same indefinite kind up to the time of the perforation. Perforation of an ulcer that has never given rise to any gastric symptoms is, I believe, extremely rare. It is more common for an ulcer of the duodenum to perforate in an individual in perfect health than for ulcer of the stomach to do so. The former is rare in women.

The history of the onset of the symptoms is often very characteristic and should be obtained in complete detail. There is usually a sudden sharp excruciating pain in the epigastrium. Dieulafoy calls it "le coup de poignard péritonéal." When it comes "out of a clear sky," as it usually does, its onset is very striking. This initial symptom may occur when the patient is at rest or may be preceded by a strain, muscular effort, blow, etc. One of my patients was in the act of hanging up a window curtain when seized with the pain. Another was lifting a heavy weight. It is easy to understand that an impending perforation can be hastened by any factor which produces a contraction of the abdominal muscles. The mere fact that such a slight traumatism precedes these stormy symptoms of perforation suggests the presence of some pathological condition within the abdomen such as an ulcer.

The location of this sudden and severe pain is almost constantly the epigastrium or its vicinity. The site of the perforation may determine the exact location of the pain. If situated at the pylorus, or in the duodenum, the pain is most likely to occur to the right of the median line. In perforations of the cardiac region the pain is felt on the left side. It is the initial location of the pain that is important, as it later becomes generalized with or without a point of greatest intensity. This point is usually the epigastric region in perforation of the stomach, while in duodenal perforation it is often the right liac fossa. For this reason the resemblance to appendicitis may be marked. Associated with the pain there is always more or less collapse. This may be a very pronounced symptom and persist up to the time of death. "The rapid appearance of collapse following sudden excruciating pain in the epigastrium in an individual in perfect health compels the diagnosis of perforation of the stomach or duodenum." (Auffray.)

Examination of the abdomen in a case seen soon after perforation shows it to be usually retracted (scaphoid) and palpation reveals a marked rigidity of the muscles. Particularly the

recti above the umbilicus show the marked contraction, which is board-like in charatcer.

The retraction of the wall seems to be particularly marked in perforation of the stomach. This may be due to the intimate connections of the clatter with the diaphragm which, being maintained in forced expiration by the same reflex action which contracts the muscles of the parietes, draws the stomach upwards. The latter thus rests fixed and immovable between two tense muscles (Roux). This retraction does not last long—it disappears in 24 hours and often before. The muscular rigidity, however, persists.

Tenderness on palpation of the abdomen is usually marked. Like the pain it is at first localized over the site of perforation but some hours later becomes more diffuse. Even now a point of greatest tenderness can usually be made out in the epigastrium. If the point of initial pain and the point of greatest tenderness are located in the epigastrium, it is highly probable that the stomach is the affected part. On the other hand, the stomach must not be eliminated whatever may be the site where the local symptoms are most marked. A careful comparison of the different regions should be made in order to determine the important diagnostic point of the location of the greatest tenderness. In duodenal perforation this point may be in the right iliac fossa resembling acute appendicitis.

Disappearance of the liver dullness is of limited value in the diagnosis of perforation of the stomach or intestine. It is of no importance after 24 hours, as it may be caused then by interposition of a distended intestine between the liver and abdominal wall. Persistence of the liver dullness is perfectly possible with perforation of the stomach. The amount of gas that escapes through the small perforation may be so slight that it does not make its presence evident. Furthermore, the existence of adhesions may make it impossible for an appreciable amount of gas to collect between the liver and the abdominal wall.

It is a striking peculiarity of perforation of an ulcer of the stomach that vomiting during the first 24 hours is a rare symptom. If it does occur it is most likely to take place at the outset and then stop. Brunner found initial vomiting in a third of the cases, Stadwell in 70 per cent., Finney in 40 per cent., and Fenwick in 29 per cent. The vomiting that occurs after 24 hours is due to peritonitis. Traube thinks that the absence of vomiting in perforation of the stomach is due to the fact that the patient vomits, so to speak, into his peritoneal cavity instead. It is difficult to estimate the diagnostic value of this absence of vomiting, but it certainly should be noted and taken into consideration, particularly if other symptoms point toward

the stomach as the site of the perforative lesion. The persistence of vomiting is, of course, not incompatible with the diagnosis of perforation of the stomach.

The presence in most acute cases of a "free interval" is of diagnostic importance. There is during this period an improvement in or cessation of all symptoms. The patient has recovered from the shock, his pain is slight, there is no vomiting, the pulse is slow and of good volume, the expression is good, and there seems to the inexperienced a marked change for the better. This condition of affairs is most deceptive, and it is easy to be led into the error of postponing operative intervention. There is great danger in this, however, as this usually represents the most favorable time for operation, and delay means the gradual progression of a peritonitis. There is one symptom that can be relied upon even now to make the diagnosis, viz., the muscular rigidity in the abdominal wall. This is invariably present and should be given great weight. It is at this time too that the history of the sudden stormy onset and the location of the pain should be given due consideration.

There are a number of condtiions which can cause symptoms like those of perforated gastric ulcer. Only by careful weighing of each sign can the error be avoided. Sudden severe epigastric pain is a necessary accompaniment of perforation, but not sufficient to make the diagnosis. With the pain go collapse, extreme muscular rigidity and tenderness over the stomach; later, the signs of developing peritonitis. Intense epigastric pain can be caused by gall-stones, acute gastritis, etc. I recall a case which gave a history of sudden tearing pain in the epigastrium following an attack of vomiting. The patient, a man of 50, was brought to the hospital 24 hours later with a temperature of 101.6 deg. F., pulse 120 and leucocyte count of 22,000 with 85 per cent. polynuclears. There was marked tenderness and some rigidity in the epigastrium but none over the rest of the abdomen. The clinical picture resembled that of perforated gastric ulcer with the exception that the typical board-like rigidity of the abdominal muscles was wanting. The subsequent course of the case showed it to be one of acute alcoholic gastritis. The diaphragmatic pleurisy associated with a beginning pneumonia may cause sudden severe pain in the epigastrium which with the fever and initial vomiting may lead one to diagnosis of perforated ulcer. The tenderness, however, is not so marked, the muscular rigidity not of a board-like character, the face is flushed and there are usually signs pointing to the lungs. An acute appendicitis may begin with epigastric tenderness. In place of a retracted abdomen, intense and changes later to the right iliac fossa. Here too the muscular rigidity in the epigastric region has not the same

board-like character as in perforated ulcer. Acute pancreatitis bears probably the greatest resemblance to this condition. There is the same sudden onset of pain with collapse combined with epigastric tenderness. In place of a retaracted abdomen, however, as in ulcer, there is usually a fullness in the epigastrium. Symptoms like those of intestinal obstruction soon become prominent. The abdomen is not so board-like as in perforation.

The treatment of perforated gastric ulcer should be prompt. The earlier the patient is brought to the operating table the better the outlook. It is seldom necessary to wait for recovery from the initial shock. This is usually over by the time that the preparations for the operation are completed. To wait for complete reaction would involve more risk than that from increased shock due to the operation. After the diagnosis has been made ,a hypodermic injection of morphine is a good preparation for the general anesthesia. Precautions should be taken in susceptible subjects particularly the old and alcoholic to prevent pneumonia. The mouth and teeth should be thoroughly cleansed. The ether should be given cautiously and any regurgitation prevented.

The operative procedures should be short and simple. All the manipulations can be done satisfactorily through an incision 3 to 4 inches long in the median line above the umbilicus. There need be no handling of the intestines nor evisceration. The perforation is found in the great majority of cases on the anterior wall of the stomach near the pylorus and is easily exposed by raising the liver and drawing the stomach forward into the wound. The presence of lymph flakes is a good guide to the seat of the trouble. The opening is usually small, sharply defined, punched out in appearance and there is more or less induration of the edges. A satisfactory closure can usually be made with silk sutures in the form of a purse string or one or more rows of Lembert's. In this way the edges are turned in. It is usually not necessary to excise the indurated margins nor does it seem advisable when simple suture is so effectual. Covering the line of suture with a portion of omentum is an excellent expedient for preventing extravasation in case the sutures give way. It has even been used successfully as a substitute for suture, where the latter was impracticable.

The addition of a gastro-enterostomy as advocated by some surgeons is not necessary in the great majority of cases and prolongs undesirably the operation. When, however, there are distinct signs of pyloric obstruction present, or the latter is to be feared on account of the infolding and suturing

of the edges of the ulcer, a gastro-enterostomy is indicated. Without some indications it is undesirable to prolong the operation by any such time-consuming procedure. In one of my cases there was an associated carcinoma of the pyrolus with dilatation of the stomach and secondary nodules in the liver, and a posterior gastro-enteroostomy was therefore done.

The perforation having been closed, it is desirable to cleanse the peritoneal cavity of exudate and possible stomach contents. When the exudate is confined to the upper part of the abdomen as in the cases operated upon early, it can be removed by sponging. The upper and lower surfaces of the liver and the right kidney pouch should be cleansed with special care. When the exudate is general and fills the pelvis, flushing of the abdominal cavity with large amounts of saline solution is advisable. This can be done very satisfactorily with a Blake's tube which is introduced into different parts of the cavity until the solution returns clear. Indiscriminate irrigation of the abdominal cavity is probably harmful in some cases as the infectious material is disseminated. The intra-abdominal manipulations should not be unnecessarily prolonged.

Drainage is largely a matter of individual preference. Many surgeons, Körte for instance, do not employ any drainage. Others drain not only the site of the perforation but also the pelvis by means of a separate incision above the pubes. A middle course seems to me the most desirable. A small cigarette-drain passed down to the line of suture in the stomach provides a satisfactory escape for any infectious material left in the neighborhood and, in case the suture gives way, furnishes an outlet for escaping stomach contents. Such a drain does no harm and may be of great service. Separate drainage of the pelvis is not necessary in the majority of cases. The exudate which has gravitated there has, in case saline irrigation is employed, been sufficiently diluted to be innocuous.

In the after treatment it is desirable to withhold nourishment by mouth for four or five days. Rectal feeding combined with high irrigation of normal salt solution is indicated. If the patient is much reduced it may be necessary to resort to fluids by mouth soon after the operation. Pneumonia and parotitis should be guarded against, particularly in the alcoholic, by careful cleansing of the mouth and teeth. A half-sitting posture should be assumed at an early period so as to prevent hypostatic pneumonia.

The operative results are encouraging although the mortality is still high if we take all cases together. Many cases are still brought to the hospital with a fully developed peri-

tonitis. Others are very unfavorable subjects, particularly the alcoholic.

The statistics will therefore vary according to the class of patients dealt with. Among the higher classes the mortality will naturally be much lower than among the poorer patients who do not receive such prompt medical attention and who are, in the cases of the males, so frequently alcoholic. The series that I have collected from the hospital records belong in the latter class and the mortality is hence fairly high, viz., 50 per cent. Moynihan reports 12 cases also with a mortality of 50 per cent. Caird operated on 25 cases with a mortality of 36 per cent. Körtee series of 17 cases showed 23.5 per cent. mortality, the lowest that I have been able to find.

The 14 cases described were operated on with one exception, in one hospital from 1904 to 1907, and are the only ones that have come under my observation. If we include among the successful cases the one in which a fatal pneumonia occurred six weeks after the operation and two weeks after the patient had begun to walk about the ward, the mortality of the series is 42.8 per cent. (Archives of Diagnosis.)

DOVER, OF DOVER'S POWDER

The picturesque type of medical man has passed away; he is a creature of the past. If we wish to resurrect him in our mind's fancy we can do no better than to read the life of Thomas Dover—he of Pulvis Ipecacuanhae compositus fame. If we can credit Smollett, the practitioners of Dover's day were, many of them, extraordinarily adept advertisers and grafters, though always in more or less ethical guise. Dover almost deserves relative respect, in that he actually became an avowed buccaneer, roaming the high seas in the most piratical fashion. Many of his confreres ashore were buccaneers as truly as he, pirates who cruised London town with the black flags of professional piracy stowed in the medical locker and flying hypocritically in their stead the stolen pennants of the little ethical brotherhood, they who guided themselves by the principles of Sydenham the revered.

Well, Dover's ship, the "Duke and Duchess," reached England in 1711 with £170,000 prize-money and with Alexander Selkirk ("Robinson Crusoe") as mate, Dover having taken the famous castaway off Juan Fernandez on the 2nd of February, 1710. The captain's details of rescue read as romantically as Defoe's story itself.

Dover led the van in an assault on the two cities of Guaiaquil, and then sacked them.

Certainly a picturesque, romantic career. After he relinquished buccaneering he established himself in London as a practitioner. There he wrote "The Ancient Physician's Legacy—for revenue purposes" only, for the spirit of the buccaneer was not dead in the old man, as "no occasion is missed either to blow his own trumpet, or to tilt a lance at his colleagues."—Critic and Guide, June, '10.

INDICANURIA

By A. L. Benedict, Buffalo

The writer has no intention of entering into a thorough discussion of this topic but wishes merely to present some observations and questions of a practical nature, without implying a claim of originality.

1. Indican is rarely found in the urine of infants and young children, except in cases of marked intestinal putrefaction. Traces or even distinct but slight reactions are, however, pretty constantly found in the urine of adults without any significant departure from the normal.

2. Marked indican reaction denotes a serious, sometimes even a fatal condition.

3. Indican in the urine and indol in the feces theoretically contincide, but not necessarily so practically. This is largely because the test for the former is more delicate, partly because the indol actually present in a fecal mass may not coincide in period of absorption to the contemporaneous urine.

4. Acid, fermenting, gassy, yeast-containing feces obviously do not correspond to the conditions for indol formation and hence to urinary indican. Even the differences in odor of feces may be relied on to some degree as a probable index of urinary indican or its absence. Lactic acid bacilli, buttermilk, etc., have a better therapeutic value if used in cases of putrefaction with indol formation and indican excretion than if given when there is already too much carbohydrate fermentation. This statement is a ridiculous truism but warranted by frequent mistakes in treatment due to failure to discriminate.

5. Indican may be found both in diarrhea and constipation, in hyperchlorhydria and hypochlorhydria, and may be absent in both.

6. Some authors have pointed out the coincidence of indicanuria with excessive urinary acidity. But the connection is not absolute.

7. The so-called indican reaction may appear as blue, up

to a very dark navy-blue in extreme cases, or as red, or as a mixture of the two forming various shades of purple. While there seems to be no dispute tha tthe blue color really means indican, there is considerable difference of opinion as to whether a red color is merely due to a difference of oxidation, into indigo-red instead of indigo-blue; or whether the red is due to the skatol derivative instead of the indol derivative—the clinical interpretation being the same, namely intestinal putrefaction; or whether the red is due to an entirely different pigment or pigments, otherwise known as uro-rosein, uro-erythrin, etc. As to these hypotheses, the writer would make the observation that it is not merely a matter of chance whether a red or blue color is developed. The same sample of urine and usually urine from the same case at different times for a single period of the same condition, gives the same characteristic color in repeated tests, varying the quantity and kind of oxidizing agents used. In other words, if one color is due to indigo-blue and the other to indigo-red, there is some definite factor which controls its oxidation in the same way. The frequent appearance of purple or even of fairly distinct bands of red and blue in the same test tube, apparently indicates that the color is due to something entirely different from the blue. On the other hand, the general clinical significance seems to be the same—intestinal putrefaction. However, urines giving a clear red or pink, without signs of marked petrefaction, are also encountered. Such urines usually are quite highly acid and accompanied with precipitates of urates or uric acid. We need clearer chemic information on these points. It is especially important for practical, clinical purposes, to know whether or not all blue tests are due to indican (which, from a general clinical consideration, seems probable), and whether all red tests are due to a variant of indican or to a pigment of different nature but similar significance or whether (as seems probable from clinical evidence) there are red chromatogens of entirely different nature and significance. If this last hypothesis is correct, it is of the utmost importance to have discriminating tests.

8. In the writer's personal experience, headaches are almost always marked by indicanuria; in his experience with patients, they are usually so, unless accounted for by uncorrected refractive errors, nervous conditions, pelvic reflexes, etc.

9. The writer confesses, with reluctance, to the highly unscientific and unfashionable belief that certain so-called internal antiseptics really are so, causing relief of headache, local intestinal symptoms, gas formation, and causing the disappearance of indol from the feces and indican from the urine.

This confession, however, should not be construed as a faith in every so-called internal antiseptic advertised, nor as a disbelief in evacuative measures of various kinds, nor as a belief that the bacteria themselves are killed so as to produce a condition of sterility.

10. From a sonsiderable series of observations, it would appear that blue indican reactions correspond to a meat diet, red to a vegetable diet, purple to a mixed diet, with putrefaction of both animal and vegetable proteids. This observation is sub judice and is stated here in order to elicit observations and criticisms by others.—(Archives of Diagnosis.)

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 26, 27, 28, 1920, in Fresno, Cal. Ira Wheeler, M.D., Fresno, Cal., President; H. T. Cook, M.D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. Catherine Ohnemuller, Los Angeles, has returned from a three weeks' vacation spent in Northern California.

Dr. J. A. Munk, Los Angeles, has disposed of his Cadillac automobile and purchased a Velie.

Dr. H. V. Crook, Big Pine, was in the city last month on professional business.

Dr. and Mrs. Oran Newton of Taft are the proud parents of a son, born early in November. This is their second child.

Dr. S. G. Nordstrum, Sioux Rapids, Iowa, has moved to California and expects to open an office in Hollywood in the very near future.

Dr. S. H. Savage, Lancaster, was the first doctor to arrive upon the scene of the recent railroad wreck near Acton and did a wonderful work among the sufferers before the relief train arrived from Los Angeles.

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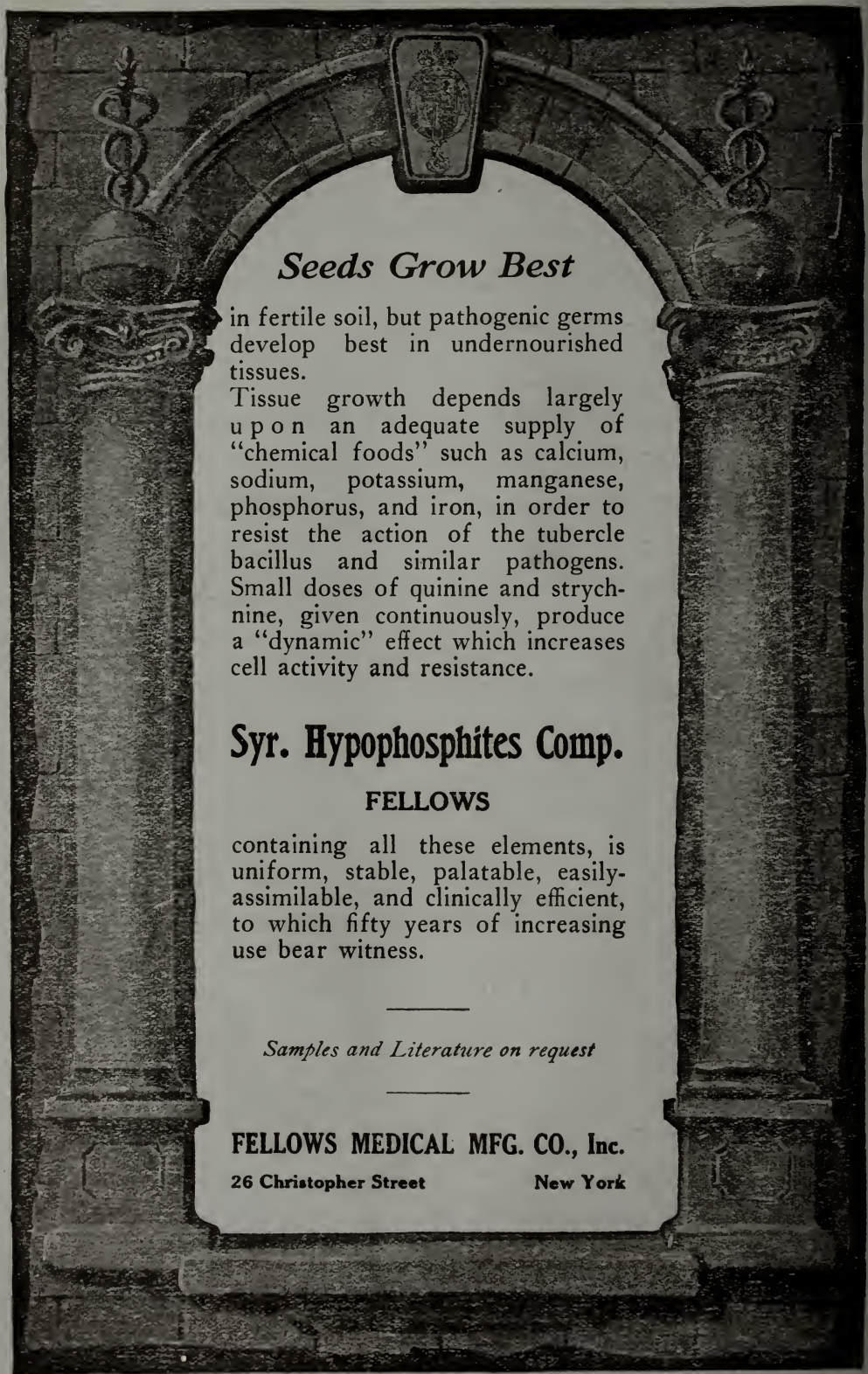

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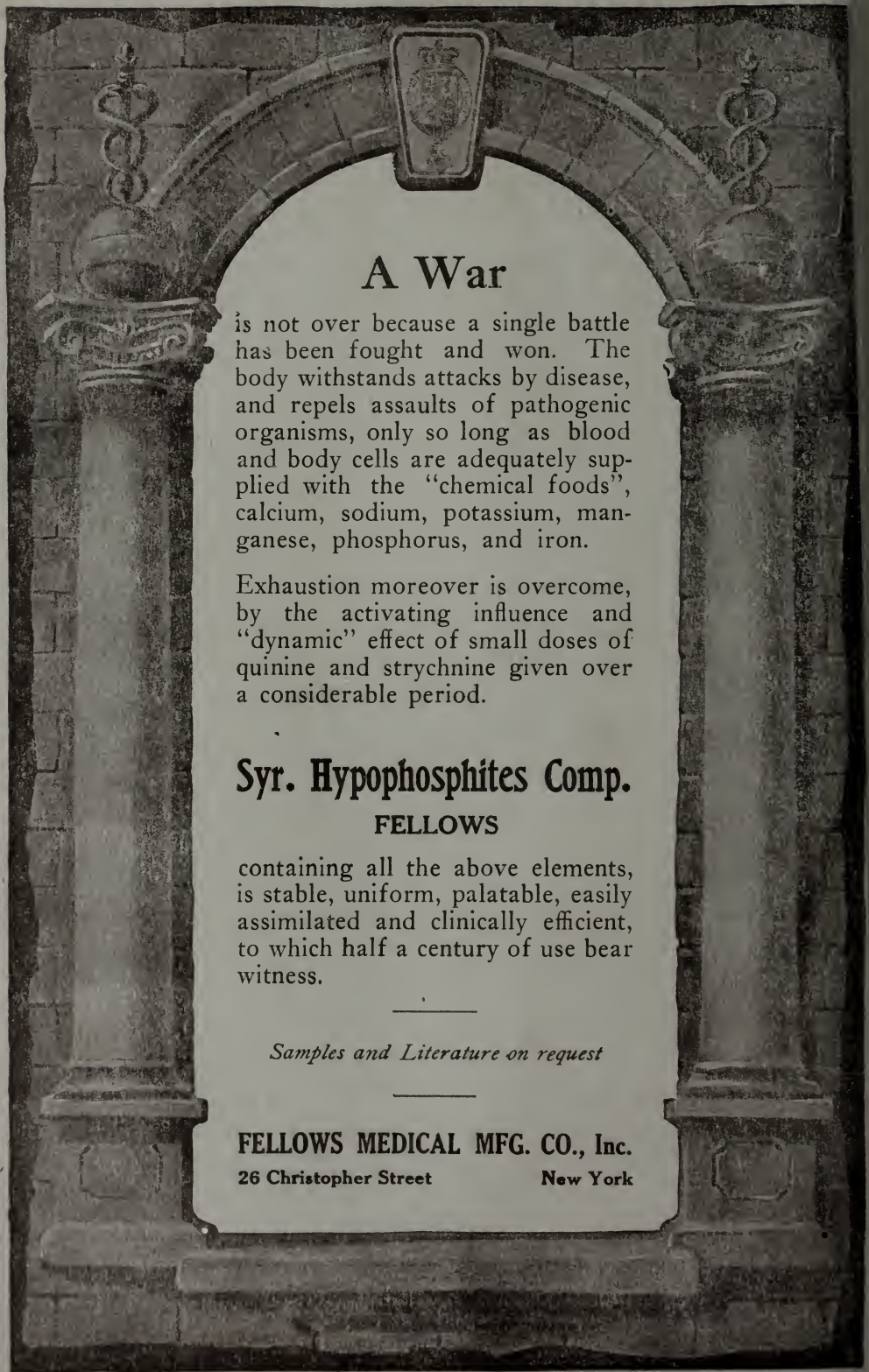

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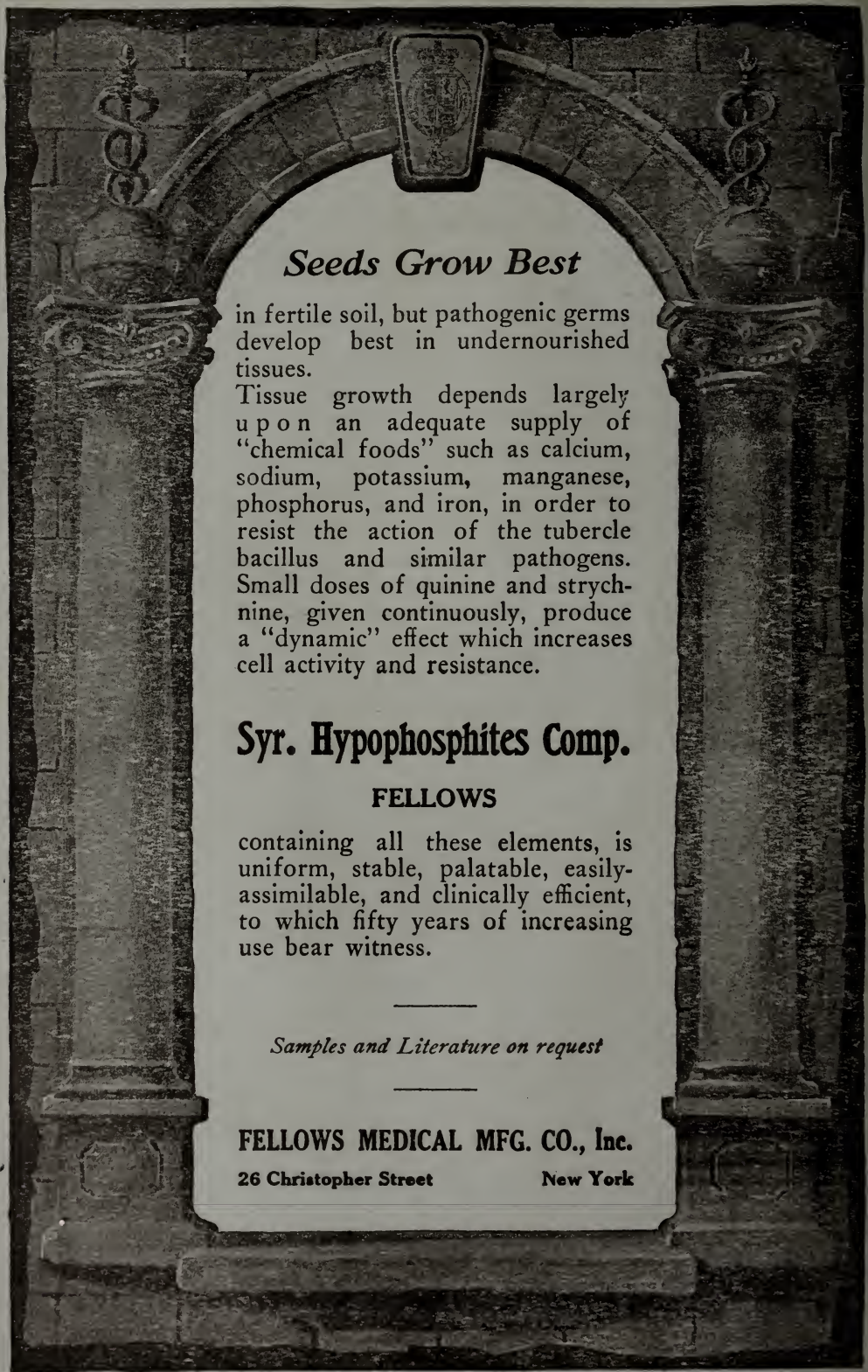
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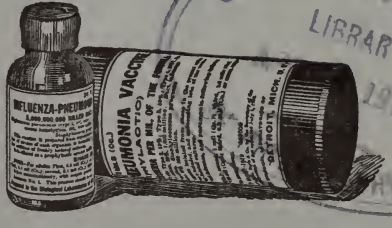

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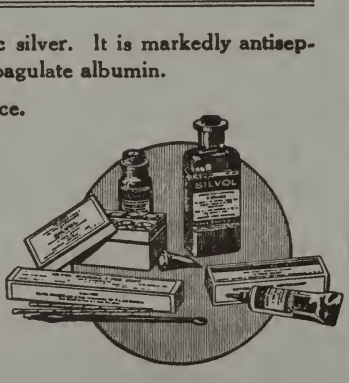

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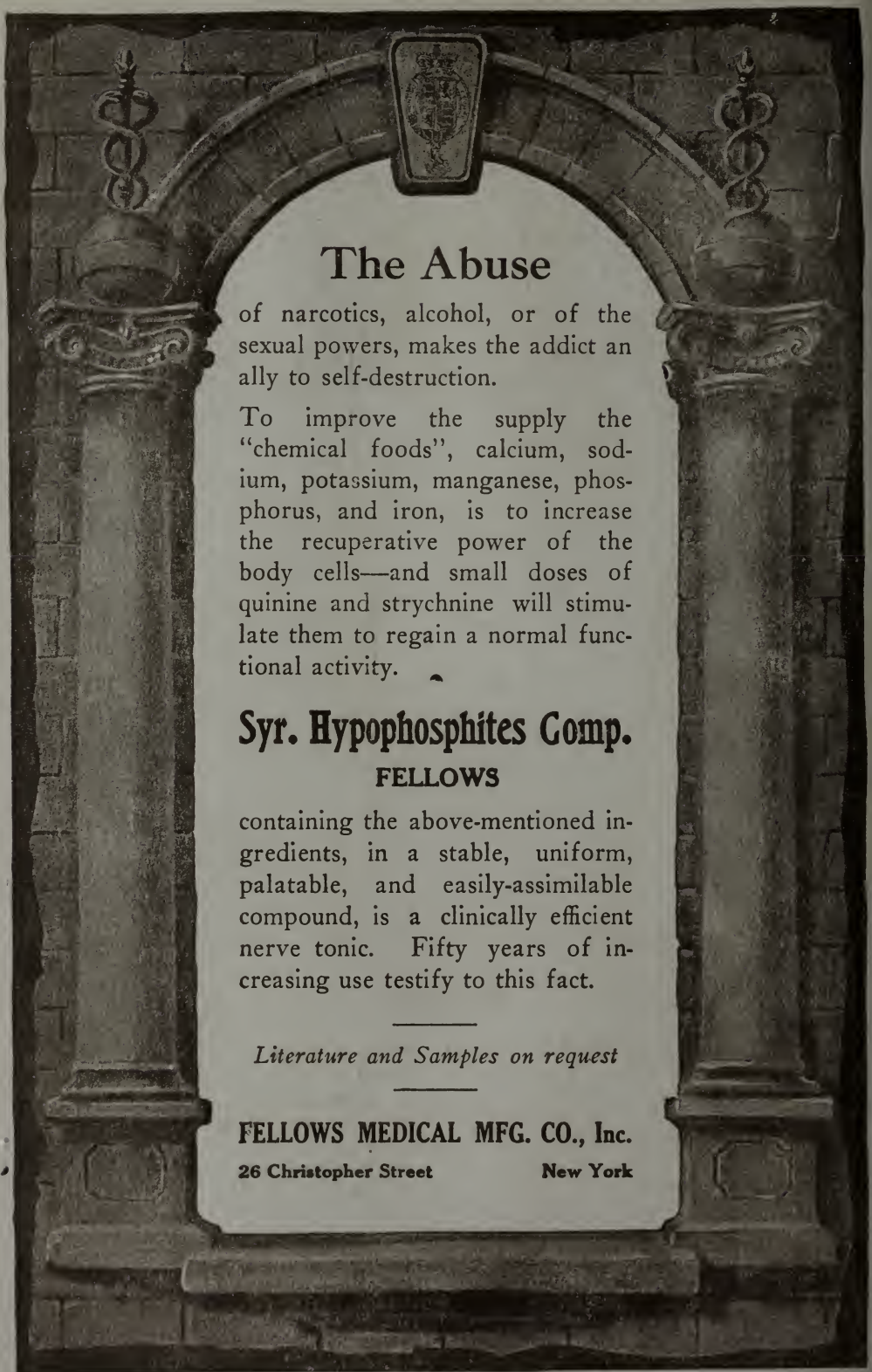
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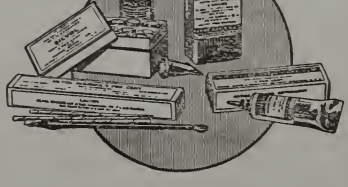

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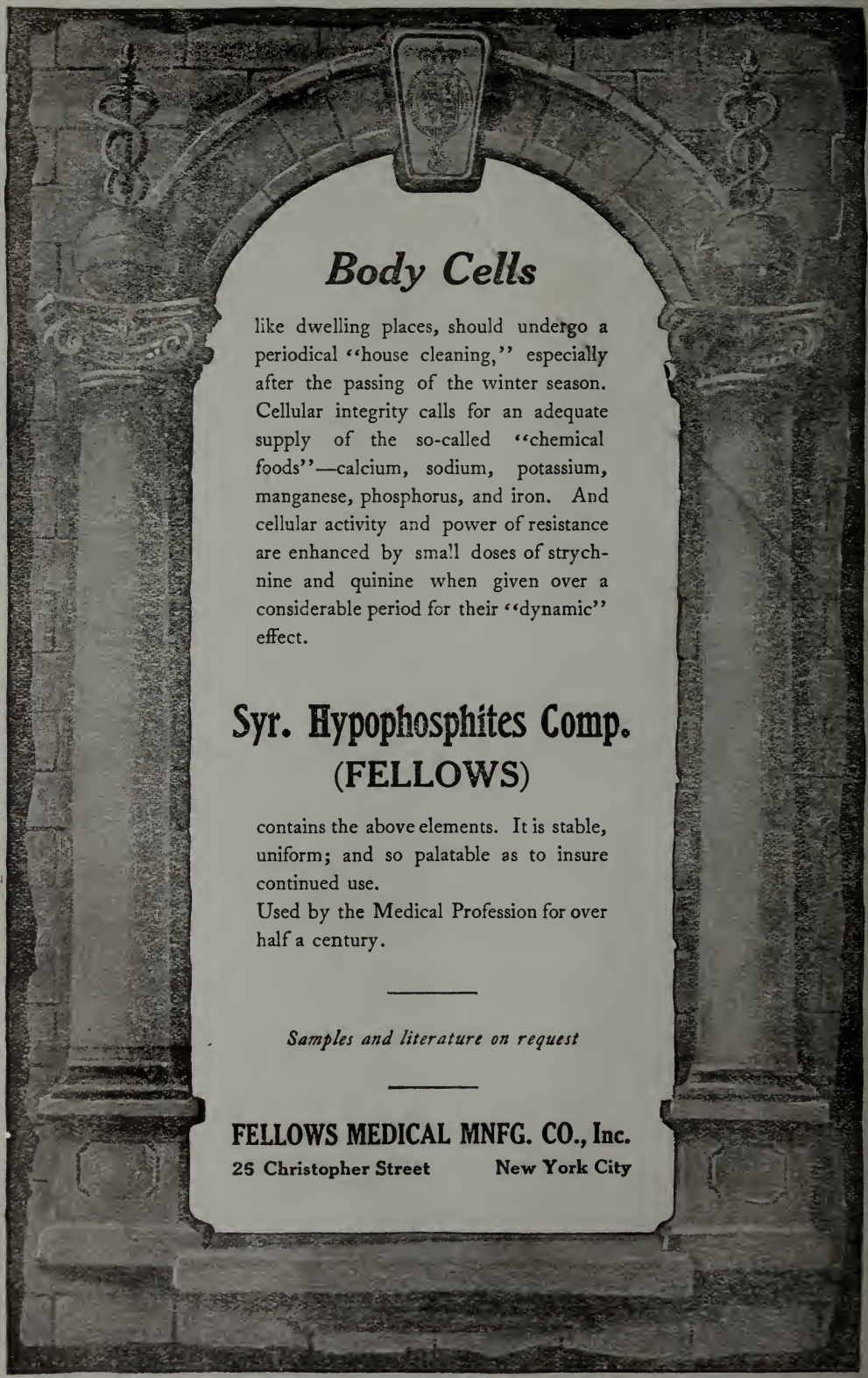
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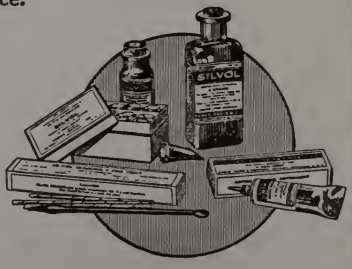

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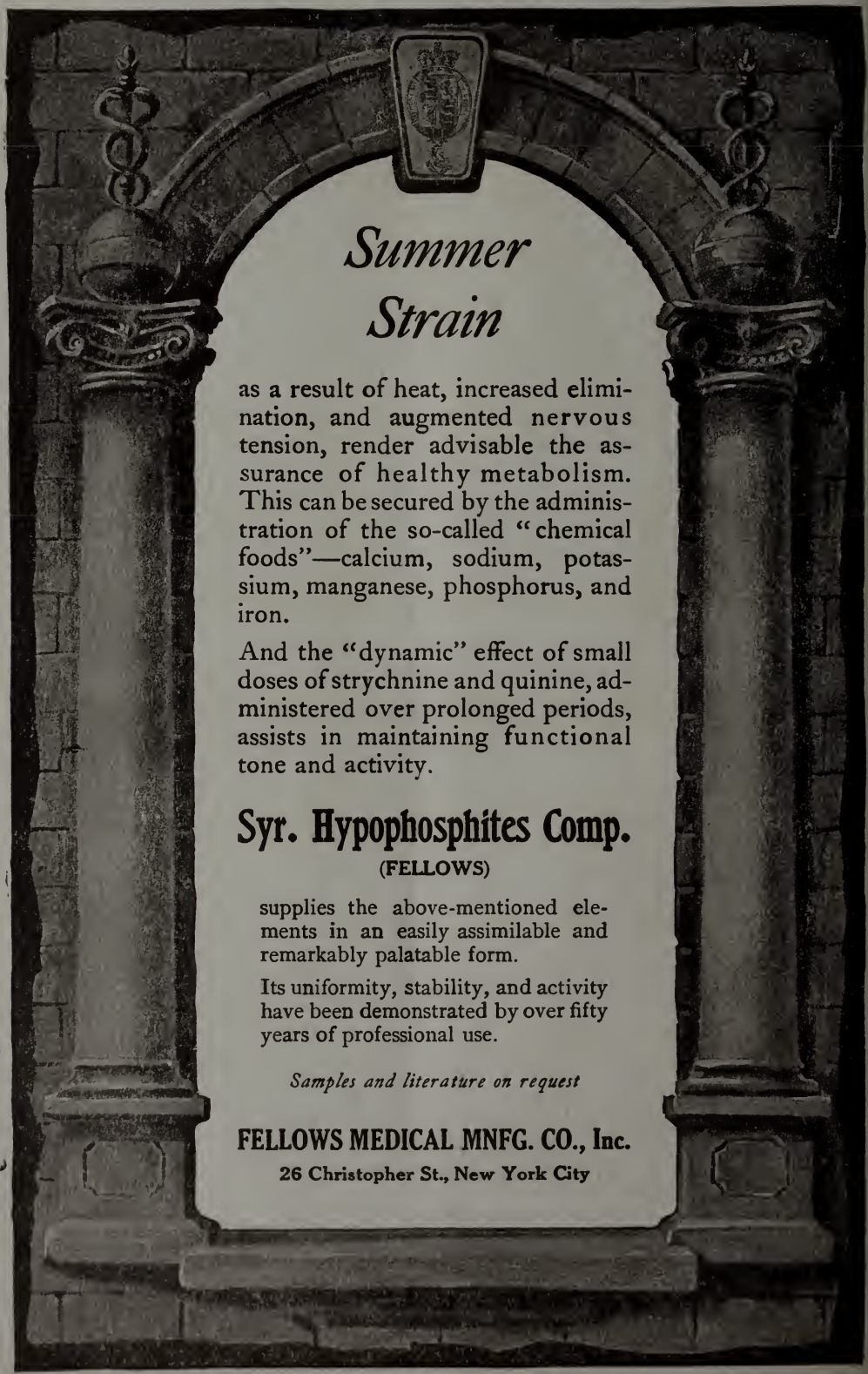
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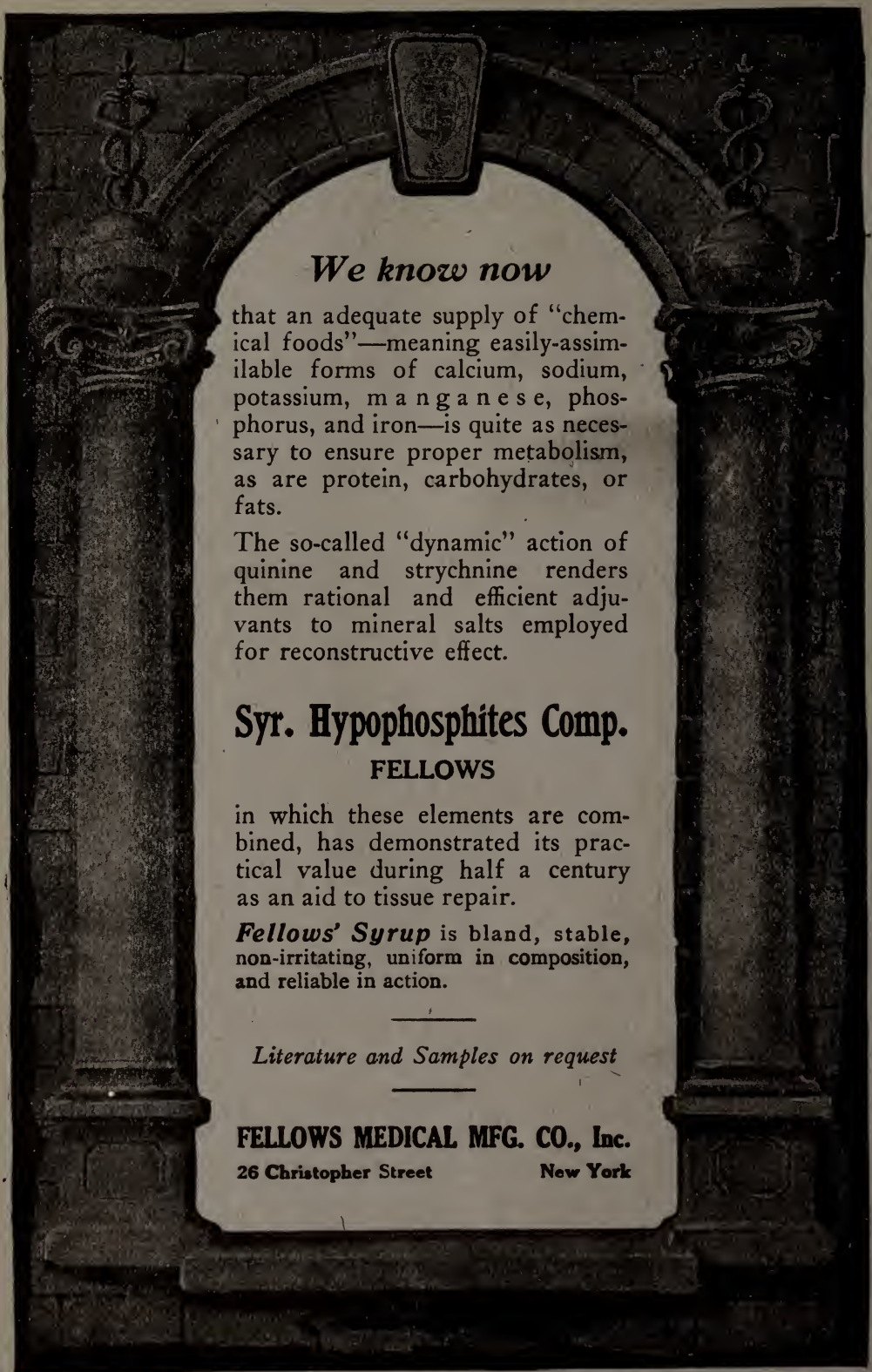
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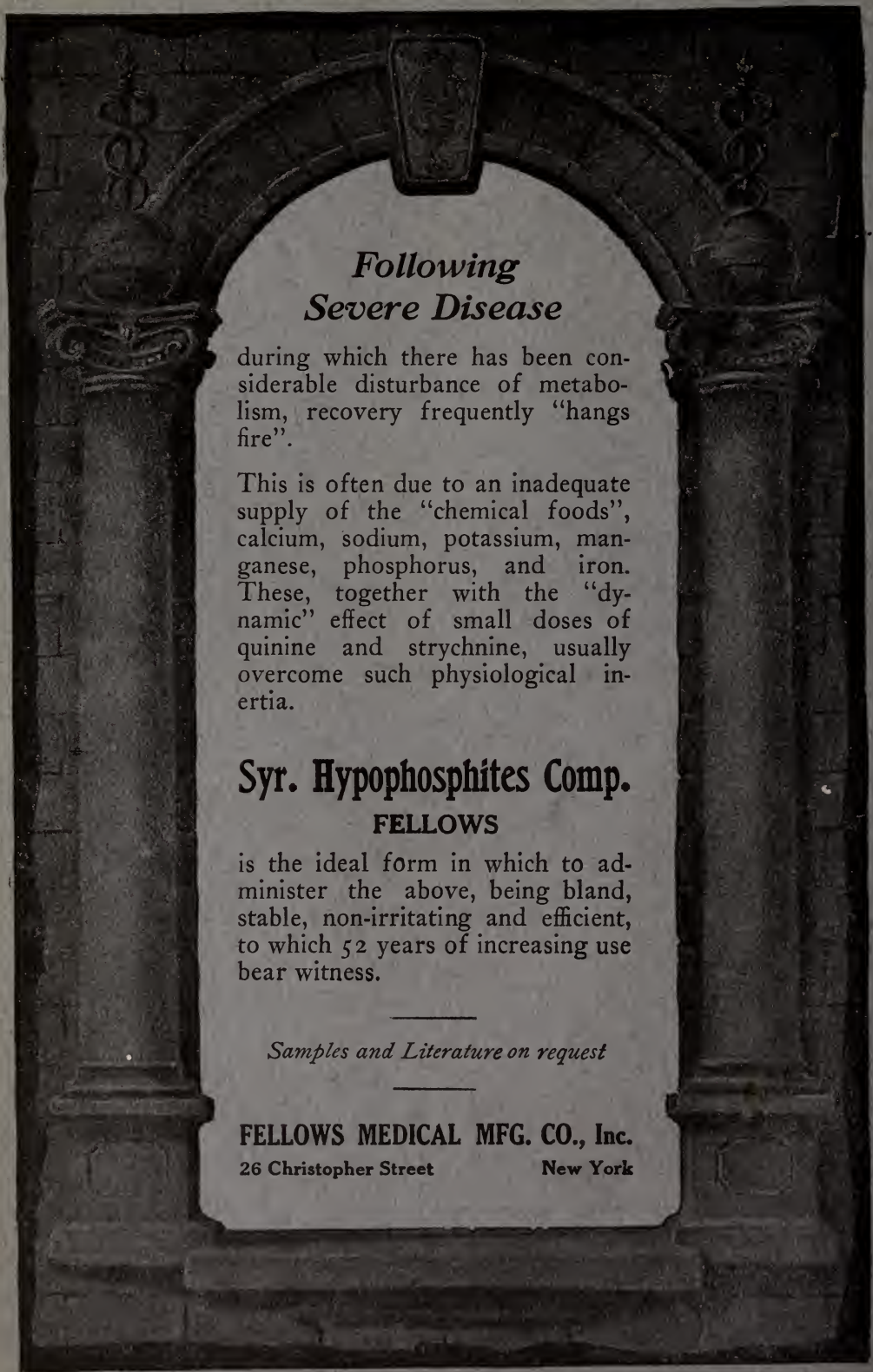
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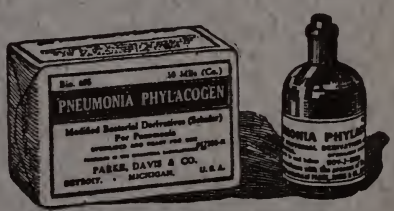

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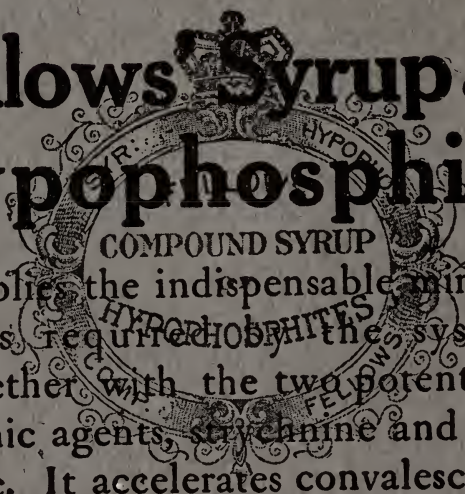

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